

NAVY TACTICS, TECHNIQUES, AND PROCEDURES

**NAVY HUMANITARIAN AND
CIVIC ASSISTANCE
OPERATIONS**

NTTP 3-57.3

EDITION NOV 2009

**DEPARTMENT OF THE NAVY
OFFICE OF THE CHIEF OF NAVAL OPERATIONS**

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November 2009

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2. NTTP 3-57.3 (November 2009) is effective upon receipt.
3. NTTP 3-57.3 (November 2009) is a reference for operational and tactical commanders tasked with conducting HCA operations. It incorporates operational and training lessons learned, subject matter expertise input reflecting technical currency in terms of applicable laws, regulations, policy and joint doctrine.
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William J. Wesley
Senior Executive Service
Executive Director
Plans and Policy

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1. NTTP 3-57.3 (November 2009), NAVY HUMANITARIAN AND CIVIC ASSISTANCE (HCA) OPERATIONS, was reviewed for format and approved joint and Navy service terminology. The contents of NTTP 3-57.3 (November 2009) support Navy strategic and operational level doctrine.

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WENDI B. CARPENTER
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PREFACE

Throughout this publication, references to other publications imply the effective edition. Unless otherwise stated, masculine nouns and pronouns do not refer exclusively to men.

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The following definitions apply to warnings, cautions, and notes used in this manual:



WARNING

An operating procedure, practice, or condition that may result in injury or death if not carefully observed or followed.



CAUTION

An operating procedure, practice, or condition that may result in damage to equipment if not carefully observed or followed.

Note

An operating procedure, practice, or condition that requires emphasis.

WORDING

Word usage and intended meaning throughout this publication is as follows:

“Shall” indicates the application of a procedure is mandatory.

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b. ADD: (Page 2-1, Paragraph 2.2, Line 4)

Add sentence at end of paragraph "See Figure 2-1."

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Add Figure 2-1 (see enclosure) where appropriate.

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CHAPTER 1

Humanitarian and Civic Assistance

1.1 PURPOSE

To assist naval commands tasked with the planning and execution of humanitarian and civic assistance (HCA). This Navy tactics, techniques, and procedures (NTTP) doctrine provides background and guidance incorporating lessons learned from previous HCA missions.

1.2 HUMANITARIAN AND CIVIC ASSISTANCE TERMINOLOGY

When describing Navy HCA it is important to have a common lexicon. While most terminology is defined in the text and glossary, the following terms are defined now to ensure a common foundation.

1. Humanitarian and civic assistance (HCA). Assistance to the local populace provided by predominantly U.S. forces in conjunction with military operations and exercises. This assistance is specifically authorized by Title 10, United States Code (U.S.C.), Section 401, and funded under separate authorities. (JP 1-02. Source: JP 3-29)
 - a. HCA mission is the total scope of action by Navy forces tasked with conducting HCA. It describes the movement of Navy forces. An HCA mission could have Navy forces in one or many host nations (HNs) or locations.
 - b. HCA ashore location describes the geographic area that Navy forces will conduct HCA. A HCA mission could have one or more HCA ashore locations associated with it.
 - c. HCA activity describes the specific actions of Navy forces conducting HCA. An HCA ashore location could and typically does have several HCA activities associated with it.
 - d. HCA organization describes all U.S. and partner nation (PN) personnel (military and civilian) and HC volunteers supporting and conducting the HCA mission.
 - e. HCA force is the U.S. military personnel and equipment assigned to conduct the HCA mission.
2. Developmental assistance. U.S. Agency for International Development function chartered under Chapter 1 of the Foreign Assistance Act of 1961, primarily designed to promote economic growth and the equitable distribution of its benefits. (JP 1-02. Source: JP 3-08)
3. Foreign humanitarian assistance (FHA). Programs conducted to relieve or reduce the results of natural or man-made disasters or other endemic conditions such as human pain, disease, hunger, or privation that might present a serious threat to life or that can result in great damage to or loss of property. Foreign humanitarian assistance provided by U.S. forces is limited in scope and duration. The foreign assistance provided is designed to supplement or complement the efforts of the host nation civil authorities or agencies that may have the primary responsibility for providing foreign humanitarian assistance. Foreign humanitarian assistance operations are those conducted outside the United States, its territories, and possessions. See also foreign assistance. (JP 1-02. Source: JP 3-33)

4. Humanitarian community (HC). A collective term incorporating nongovernmental organizations (NGOs), private voluntary organizations (PVOs), and international organizations (IOs). (Source: 3-57.3)

1.3 OVERVIEW OF HUMANITARIAN AND CIVIC ASSISTANCE OPERATIONS

The Marshall Plan, launched in 1948, is the most successful example of developmental assistance in the history of the United States (U.S.). That assertive, positive action is acknowledged today to have not only alleviated dire, large-scale human suffering but also to have sown the seeds for generations of regional stability, friendship, and cooperation between the United States and Western Europe. HCA is the military mission in support of U.S. government developmental assistance efforts. The U.S. Navy has always been involved in regional assistance and disaster response operations. In 2007, with the publication of “The Cooperative Strategy for 21st Century Seapower,” HCA was designated as one of the Navy’s core competencies.

HCA is U.S.-unique military training exercises used to enhance the knowledge and relationships needed to mitigate human suffering as the vanguard of interagency and multinational efforts, both in a deliberate, proactive fashion and in response to a crisis. HCA should not be confused with FHA. FHA focuses on the use of Department of Defense (DOD) support as necessary to alleviate urgent needs in a HN caused by some type of disaster or catastrophe. By contrast, HCA programs are typically preplanned military exercises designed to provide assistance to the HN populace while also promoting operational readiness skills and mutual security. Usually these are planned well in advance and not in response to disasters, although HCA activities have been executed following disasters. Although our forces can surge when necessary to respond to crises, *trust and cooperation cannot be surged*. They must be built over time so that the strategic interests of the participants are continuously considered while mutual understanding and respect are promoted.

In addition to creating an operational environment from which the Navy can successfully execute FHA, HCA also supports Navy and national strategic objectives by:

1. Fostering and sustaining cooperative relationships with HNs. An expanded cooperative relationship with other nations contributes to the security and stability of the maritime domain for the benefit of all.
2. Forging international partnerships in coordination with the other U.S. services, interagency, and the HC. HCA commanders seek a cooperative approach to planning and execution of HCA activities.
3. Promoting mutually beneficial relationships with regional and global partnership frameworks that enhance security. By participating routinely and predictably in cooperative activities, such as HCA, maritime forces are postured to support other joint or combined forces to mitigate and localize disruptions.
4. Deterring aggression. Preventing war is preferable to fighting wars. HCA activities are a form of extended deterrence, creating security and removing conditions for conflict through the building of partnerships.

HCA activities deliver valuable services to underserved populations. In doing so, the United States demonstrates commitment to regional allies and partners while enhancing multilateral, interagency, and HC cooperation.

1.4 HUMANITARIAN AND CIVIC ASSISTANCE ACTIVITIES

The primary objective of HCA is the training of U.S. military personnel in their specific operational readiness skills. HCA activities may team U.S. military and nonmilitary engineers, medical, dental, and veterinary personnel participants from PN, HC, and HN to provide assistance and capacity building to a HN. Typically, HCA missions conduct activities in a HN for approximately 2 weeks. HCA activities may start prior to the sea base’s arrival and/or complete after its departure (i.e., fly in teams). The following activities may be conducted:

1. Medical civic action program (MEDCAP) to augment HN healthcare services to the HN population. Services typically include primary care, immunizations, dermatology, optometry, pharmacy, biomedical repair, and minor outpatient or inpatient surgery, depending on facility and preventive medicine.

2. Dental civic action program (DENCAP) to augment HN dental care services to the HN populations. Services that can be provided include dental preventive services, tooth extractions, and restorative work.
3. Engineering civic action program (ENCAP) to provide rudimentary engineering services to the HN. Services typically include repairs and improvements to existing infrastructure, buildings, public utilities and infrastructure, maritime projects, recreational and sport facilities, engineering evaluations, and technical assistance.
4. Veterinary civic action program (VETCAP) to provide veterinary services to the HN livestock and domestic animals. Services that can be provided include vector control (rabies immunizations) deworming, animal husbandry education, surgery, neutering, spaying, and animal checkups.
5. Community relations (COMREL) civic action program. Activities such as small property or facility improvement projects, sporting events, donated material (e.g., Project Handclasp)¹, turnover ceremonies, access to pastoral care, etc., conducted by U.S. military forces to promote and foster positive relationships between the United States and HN/PN population, government, military, interagency community, and nongovernmental organizations (NGOs).
6. Subject matter expert exchanges (SMEEs) provide a medium for learning and sharing of information during HCA activities. SMEEs occur between members of the HCA organization and professionals in the HN.

1.5 NAVY HUMANITARIAN AND CIVIC ASSISTANCE HISTORY

HCA is a unique military activity constrained by regulations and funding. Because of its continuously forward presence and unique capabilities to deliver resources in quantity to remote locations, the Navy has long been in the vanguard of U.S. efforts to assist foreign populations. Recent legislation has expanded Navy involvement with HCA by providing funds to deploy vessels solely to conduct HCA.

In the 1980s, Congress allocated funds for HCA programs that took place in the context of training exercises and military operations. HCA missions using a Navy sea base frequently included opportunities for crews to undertake small-scale construction, reconstruction, and maintenance projects plus provide limited medical and dental attention to rural populations.

HCA activities have grown in scope and visibility in the aftermath of the devastating earthquake and tsunami disasters off the coast of Sumatra, Indonesia, in December 2004. Many areas of the region experienced significant loss of life and complete devastation of airports, roads, and other infrastructure. U.S. naval forces proved uniquely postured to serve as first responders. Although the U.S. response to the 2004 tsunami was a major FHA success, it highlighted the importance of establishing relationships using HCA prior to a disaster. In many of the devastated regions the necessary relationships between the HN and first responders did not exist. While not FHA, HCA missions help establish, develop, and maintain necessary relationships between regional nations and the United States in accordance with U.S. policy in the respective region.

In 2005, Congress appropriated funding to conduct dedicated sea-based HCA missions. Southern Command (SOUTHCOM), Africa Command (AFRICOM), and Pacific Command (PACOM) have carried out sea-based HCA missions.

In 2006, U.S. Naval Ship (USNS) *Mercy*, a Military Sealift Command (MSC) hospital ship, conducted a dedicated HCA mission to Southeast Asia (SEA). During this mission USNS *Mercy* conducted HCA in Papua New Guinea, Indonesia, the Philippines, East Timor, and Bangladesh. Three HCs, four PNs, and U.S. Public Health Service participated in this mission.

¹ Project Handclasp accepts and transports educational, humanitarian, and goodwill material overseas on a space-available basis in U.S. Navy ships. Materials are distributed directly to needy recipients by U.S. service personnel stationed in overseas areas or embarked in U.S. Navy ships that visit these areas.

In 2007, SOUTHCOM and PACOM executed two sea-based missions. In SOUTHCOM, the USNS *Comfort*, the East Coast MSC hospital ship, conducted an HCA mission to 12 Central American, South American, and Caribbean nations. In PACOM, USS *Peleliu*, an amphibious assault warship, conducted an HCA mission to SEA and Oceania. Ten PNs and four HCs supported this HCA mission.

In 2008, the number of sea-based HCA missions continued to increase. The USS *Swift* and USS *Fort McHenry* performed HCA through medical team activity in Ghana and Liberia. In 2008 USNS *Mercy* executed an HCA mission again to SEA and Oceania while SOUTHCOM used USS *Kearsarge* and USS *Boxer*, both amphibious assault warships, for HCA missions to Latin American and the Caribbean. HC and PN participation in the HCA operations continues to steadily grow.

1.6 HUMANITARIAN AND CIVIC ASSISTANCE REGULATORY AND FUNDING CONSTRAINTS

Law, foreign policy initiatives, as well as military and civilian doctrine prescribe HCA-related activities. See Appendix A for detailed background discussion of applicable legal, doctrinal, and political concepts. At the strategic level there are three types of HCA missions: congressionally funded, minimal cost, and congressionally mandated.²

1. Congressionally funded. Congress authorizes HCA activities and, via Title 10 appropriations, supports them.
2. Minimal cost. HCA activities addressing emergent unfunded HCA projects requiring minimal expenditures funded from either the sea base operations and maintenance (O&M) — Navy account or other non-HCA funding account such as the Combatant Commander Initiative Fund (CCIF).
3. Congressionally mandated. Congress authorizes HCA missions and via earmarks supports them (e.g., Asia Pacific Regional Initiative (APRI); see Appendix B).

Fiscal limit is the single largest HCA influencer. HCA missions must occur in the fiscal years (FYs) for which funds were appropriated. Typically, units will employ several types of appropriated funds during the execution of HCA. Appendix B provides a discussion on these different funding sources. Purpose, time, and amounts limit the expenditure of funds. In particular, the expenditure of these appropriations must:

1. Be for a specified purpose or necessity and incident to the proper execution of the general purpose of the appropriation
2. Not be prohibited by law
3. Not otherwise be provided for or fall within the scope of another appropriation.

HCA commanders and staffs must be aware of how activities during their HCA mission are being funded and what limitations there may be due to the particular funding source.

1.7 HUMANITARIAN AND CIVIC ASSISTANCE PLANNING

The life cycle of an HCA mission is dependent on its funding source. The life cycle of a congressionally funded HCA mission is 21 months. The life cycle of a congressionally mandated HCA mission is approximately one-and-one-half FYs, or 18 months. The life cycle of a minimal-cost HCA mission is typically very short, usually measured in days or weeks. Regardless of life-cycle length, HCA missions typically have three planning horizons: far, mid, and near. For each time horizon, the focus of effort and the planning lead shift; see Figure 1-1. Products from the far-planning horizon are inputs for the mid-planning effort; similarly, products from the mid-planning horizon are inputs for the near-planning effort.

² See DODI 2205.02 Subject: Humanitarian and Civic Assistance (HCA) Activities for a detailed discussion on congressionally funded and minimal-cost HCA activities.

The amount of focus each planning horizon receives ebbs and flows during the FY. For example, at the start of the FY, HCA planners are simultaneously focused on all time horizons.

1. In the far horizon, combatant commander (CCDR) and Navy component commander (NCC) HCA planners identify HCA activities for the next FY.
2. In the mid horizon, NCC HCA planners should focus on an operational concept of operations (CONOPS) for the current FY.
3. In the near horizon, Navy tactical HCA planners should close out HCA activities conducted in the previous FY, develop the concept plan (CONPLAN) for the next HCA mission, and attain diplomatic clearances as required.

1.7.1 Humanitarian and Civic Assistance Far-Planning Horizon

The geographic CCDR is the primary planning lead for the far-planning horizon. Planners from the NCC who develop plans to support geographic CCDR strategic objectives and goals will assist CCDR planners for Navy HCA missions. The focus of effort during the far-planning horizon is to develop the CCDR's HCA mission plan and then acquire funding and interagency endorsement for the activities in this plan. The CCDR HCA mission plan integrates inputs on possible HCA activities from the country desk officers at all service component commanders and American Embassy (AMEMB) country teams.

	Planning Focus of Effort	Planning Lead
Far Horizon	HCA Activity Plan Funding Identification Interagency Endorsement	Geographic Combatant Commander
Mid Horizon	Operational CONOPS Movement Plan Platform, Unit Identification Initial PN, HC Coordination Initial Interagency Coordination	Navy Component Commander
Near Horizon	Tactical CONPLAN / CONOPS Site Surveys Event Plan Development Final PN, HC Coordination	Navy HCA Commander

Figure 1-1. Navy Humanitarian and Civic Assistance Planning Horizon Focus of Effort and Lead Planner

NTTP 3-57.3

Mission planners must enter all HCA activities in the CCDR's HCA mission plan into the Defense Security Cooperation Agency (DSCA) Overseas Humanitarian Assistance Shared Information System (OHASIS) database and theater security cooperation management information system (TSCMIS). Appendix C provides information on the information contained in these systems. OHASIS and TSCMIS enable HA offices, including embassy staff, country team members, combatant command leads, and DSCA to visualize HA activities on a Web-based map display, automate report generation, and perform a variety of analysis.

The far-planning horizon ends when a funding source for an HCA mission is identified and interagency endorsement is achieved.

1.7.2 Humanitarian and Civic Assistance Mid-Planning Horizon

For most Navy HCA, the NCC is the primary planning lead for the mid-planning horizon. The focus of effort during the mid-planning horizon is:

1. Developing the operational CONOPS
2. Obtaining visit approval and support from the applicable AMEMB for each HN
3. Identifying U.S. government strategic objectives for each country being visited
4. For each HCA ashore location, identifying critical points of contact (POCs) on the AMEMB country team and HN national and local governments.

The NCC planning lead will execute the Navy planning process (NPP) as described in Navy Warfare Publication (NWP) 5-01, "Navy Planning." NCC planners typically in the maritime operations center (MOC) develop and evaluate various courses of action (COAs). Ideally, COA analysis will include representatives of the HC, PN, and AMEMB. Typically, the selected COA will include:

1. Identification of the HCA commander and staff that will execute the HCA mission
2. Coordination of the force movement with other NCC operations
3. Identification of HC and PN that desire to participate in the HCA mission
4. Identification of U.S. country team and key HN points of contact for each country to be visited during the HCA
5. Demonstration of linkage between U.S. Government strategic objectives for country and HCA activities.

With a COA selected, the NCC planning team develops an operational CONOPS. An HCA operational CONOPS typically includes the following information: mission statement, objectives, and force movement plan for the HCA mission. The operational CONOPS is briefed to the CCDR and, once approved, actions associated with the HCA near-planning horizon can commence.

For emergent HCA activities the period of the mid-planning horizon is relatively quick. The sea base or unit commanding officer (CO) reviews what was approved by the CCDR/NCC and the funding authorized. A quick evaluation is made to determine if the approved funding will support the approved HCA activity. With this evaluation complete the commanding officer executes a rapid planning process to identify potential risks and risk mitigation plans. Once risks and mitigation plans are identified, the unprogrammed HCA activity near-planning horizon can commence.

1.7.3 Humanitarian and Civic Assistance Near-Planning Horizon

The commander directly responsible for the HCA activity is generally the planning lead for the HCA near-planning horizon. This commander, hereafter called the HCA commander, uses the operational CONOPS developed during the mid-planning horizon to develop a tactical HCA CONOPS and CONPLAN to execute the HCA activity. A critical milestone in the HCA near-planning horizon is having representatives of the HCA commander visit the ashore location(s) identified for HCA in the CONOPS. These site visits provide situational awareness to support the planning process. Details on the HCA tactical CONOPS/CONPLAN are provided in Chapter 4.

1.8 SUMMARY

This chapter provided background on HCA, its regulations and funding, and the planning processes necessary for its execution. The next chapter discusses the specific HCA activities/projects that Navy forces typically execute. Chapter 3 discusses the duties and responsibilities of persons executing Navy HCA activities. Chapter 4 discusses the tactical CONPLAN developed by the HCA commander. Chapter 5 discusses reports, data collection, and assessment processes during HCA activities. Chapter 6 provides a listing of lessons that are relearned on nearly every HCA mission.

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CHAPTER 2

Navy Humanitarian and Civic Assistance Projects/Activities

2.1 OVERVIEW OF NAVY HUMANITARIAN AND CIVIC ASSISTANCE PROJECTS/ACTIVITIES

The Navy executes health-related (medical, dental, veterinary), engineering, and COMREL civic action programs for HCA missions, with augmentation from either U.S. Army, U.S. Public Health Service, PNs, or HCs. All HCA activities include some degree of SMEE. Typically, a Navy HCA force is composed of Navy health service support (HSS), engineering, cultural affairs, civil affairs (CA), and logistics personnel. During HCA missions, the Navy HCA force is augmented with personnel from the sea base's crew, other U.S. military personnel from the Army, Air Force and Marines, HC, PN, U.S. Public Health Service, and interagency representatives.

Most Navy HCA projects are supported from a ship, also known as sea base. In addition to providing Navy HCA organization a platform from which to execute the HCA mission, the sea base also provides:

1. Medical facilities if such facilities are not available ashore
2. The capability to transport equipment and materials required for challenging engineering projects
3. Command and control (C₂), planning, and billeting facilities.

The fly-in of Navy forces (medical or engineering) to conduct HCA projects can occur either in advance of the Navy HCA sea base's arrival or as a stand-alone event.

2.1.1 Humanitarian Community

The HC includes United Nations (UN) humanitarian agencies (e.g., UN Office of the High Commissioner for Refugees (UNHCR), UN Children's Fund (UNICEF), and the World Food Program (WFP)), international organizations (IO), the three branches of the Red Cross and Red Crescent Movement, and national and international NGOs. The use of the term "NGO" to refer to all of these humanitarian organizations is incorrect, as not all humanitarian organizations are NGOs. The HC provides additional capabilities and insights for Navy commanders conducting HCA missions. HCs tend to focus on an area of expertise, and can bring a significant capability to HCA missions that otherwise would not be included. There are two different types of humanitarian communities:

1. Resident HC in the HN: Resident HC in the HN often contain an abundance of historical information regarding the HN government's regulations and procedures. Additionally, they already have well-established relationships with members of the HN government as well as the local population and are the grassroots experts in the conduct of HCA. It is important to build relationships with the HC during times of calm rather than in times of crisis. Participation of the resident HC should be vetted through the local U.S. Agency for International Development (USAID) office, if available, and the AMEMB to ensure inappropriate or unscrupulous humanitarian organizations are not invited to participate in HCA missions. It is important to keep two matters in mind when interacting with resident HCs:

- a. Although resident HC can often provide historical background or insight toward interaction with the government, this expertise is only advisory and should never replace direct communication between HCA forces and the HN government.
 - b. On occasion, the resident HC priorities can be quite different from those of the HN. For example, during one HCA mission a resident HC recommended the rebuilding of a structure. However, when the advance team liaison discussed this with the HN, the HN officials disclosed that it was the HN's desire to have the structure destroyed, not rebuilt. Ultimately, the project was canceled, as it had the potential of placing the U.S. Navy in the middle of a dispute between the HN government and resident HC.
2. HC based outside of the HN: Many HC organizations providing complementary capabilities to Navy HCA forces are based in the United States and are actively looking for opportunities to engage in delivering services to those in need. While the majority of HC organizations normally would not engage in a "military operation," many are intrigued by the opportunities that a sea-based platform provides (i.e., a safe, sanitary environment from which to deliver services). Embarking these organizations aboard a Navy vessel builds trust, partnerships, and capacity for future interaction in support of FHA and/or follow-on HCA missions.

2.1.2 Partner Nations

PNs provide perhaps the best example of HCA activity promoting security cooperation and building collaborative relationships. If a PN obtains a sense of accomplishment and fulfillment from participation in a multilateral HCA activity, then the overall relationship between the HN, PN, and the United States has progressed. More importantly, involving PN participants from throughout the region builds multinational trust and cooperation. Normally, the NCC will invite PNs to participate in the HCA mission. Typically, PNs invited to participate in a Navy HCA project will send representatives according to one of the following two categories:

1. Participant: A participant is an individual who has been properly credentialed and authorized by both the United States and HN to actively conduct HCA activities. An example is a PN surgeon who provides credentials (recognized by the United States) proving he practices surgery in his respective nation.
2. Observer: An observer is an individual who has been selected by a PN to represent the respective nation during the HCA mission as a means of learning how HCA or similar operations are conducted. Observers are not qualified to perform medical procedures, but may participate in HCA activities that do not require a specific qualification. For example, a PN surgeon who has no documentation confirming his/her medical education may attend medical activities and help facilitate movement of personnel to doctors for treatment.

Conducting an HCA mission with multiple PNs also presents several challenges and requires HCA mission staff to maintain a proactive stance. The two biggest challenges are language and cultural concerns.

1. Language barriers: English fluency cannot be assumed. Only PN participants who are fluent in English should be assigned to HCA positions of leadership.
2. Cultural concerns: PN participants and observers may have diet-, religious-, and gender-related cultural differences, or incidences where members of one PN may be prejudiced against members of another PN. Predeployment screening can identify these issues so that mitigation plans can be developed.

2.1.3 Interagency Representatives

Support from any interested agency is welcome. Typical interagency support for Navy HCA missions includes augmentation teams from U.S. Army, Air Force, Marines, Public Health Service, Coast Guard, Center for Disease Control and Prevention, Department of Energy, and National Oceanographic Atmospheric Agency. These teams provide value to the HCA effort by:

1. Bringing technical skill sets that typically do not exist or cannot be acquired for the mission by the Navy.

2. Complementing Navy personnel conducting HCA.
3. Providing HN access to subject matter experts (SMEs) that would otherwise not be available.
4. Providing insight into unique medical, engineering, and social issues associated with the HN that may impact the HCA mission.

2.2 NAVY HEALTH SERVICE SUPPORT HUMANITARIAN AND CIVIC ASSISTANCE PROJECTS

The type and scope of Navy HSS for HCA missions is determined by the mission objectives, HN needs, and planned level of Navy HSS, HC, PN, and HN participation. In addition to SMEE, applicable to all types of HCA activities, there are four Navy HSS activities available for HCA missions:

1. MEDCAP
2. Surgery
3. DENCAP
4. VETCAP.

2.2.1 Medical Civic Action Program

MEDCAP augments HN healthcare services to the HN populations. Services that can be provided include primary care, immunizations, dermatology, optometry, pharmacy, biomedical repair, minor surgery, and preventive medicine. MEDCAP activities are typically conducted ashore. MEDCAP activities can be either colocated or at different locations in the HN. The site for the MEDCAP is chosen with due consideration to patient flow, crowd control, environmental considerations, and population to be served. Crowd control and force protection (FP) is coordinated prior to commencement of the event. Portable tents or hard-shell buildings may be used for shelter wherever possible. School buildings have proved viable options on previous HCA missions. Yellow tape or orange portable fencing can be very useful for patient flow and crowd control. Coupons or numbered “popsicle sticks” can also be issued to control the number and flow of patients into the MEDCAP. If using coupons, they should be of heavy stock and in color so that they are not easily counterfeited. Counterfeited admission tickets have been sold to unsuspecting needy HN people for care rendered by the HCA force.

2.2.1.1 Primary Care

The determination must be made early on as to what kind of care will be provided. Considerations should include impact of care offered on perception of the HN’s medical capabilities and impact on existing HN medical care. Acute care for infections is common. Short-term therapies and treatments for chronic diseases, such as hypertension and diabetes, are not considered beneficial to the patient or population unless in support of HN health program(s). Determination for referrals, if any, to the HN system are identified and appropriate documentation performed. Some HN countries have established referral systems and programs in place for tuberculosis (TB), parasites, and other conditions, and may not want any treatment initiated outside the HN medical system. Policy is established in advance on the referral network and transportation requirements. Documentation may take the form of an electronic or paper record. The medications prescribed are signed by the provider and hand-carried to the pharmacy by the patient. Patients are often provided multivitamins and other sundry items, such as toothbrushes, prior to exiting the MEDCAP site.

2.2.1.2 Immunization

HNs may have immunization programs already in place or have restrictions on types of immunizations that may be administered to the local populace. If HCA mission immunizations are useful for a HN they may be purchased with HCA funds and/or procured from HC supplies. Long acquisition times for vaccines purchased with HCA funds may be expected and may only be used in support of HCA activities. Therefore, immunization activities

require careful planning and coordination with the HN. Logistics support planning is also required to ensure immunization activities will be welcome in the HN, available when the HCA organization will be at the HCA location, and will result in minimal excess doses when the mission is completed. A major logistics support consideration for many vaccines is ensuring proper refrigeration to maintain the vaccines' viability.

2.2.1.3 Dermatology

Acute and chronic skin conditions abound. Skin lesions may be excised by the dermatologist or other appropriately trained provider. Policy for specimen handling is established in advance, as appropriate for each country.

2.2.1.4 Optometry

Most HNs have a large need of optometry services. Auto refractors are efficient tools for eye refraction. Pre-purchasing large quantities of various diopter glasses and off-the-shelf reading glasses can enable serving large populations. More specialized exams can be done on a case-by-case basis. Manufacturing of lenses/glasses on board the sea base can be a difficult logistic process, not just for supplies, but also for maintenance/parts if the machine breaks.

2.2.1.5 Pharmacy

HCA aligns closely with the business practices of resident HCs. This is especially critical with MEDCAP pharmacy activities. If providing medicine that may need to be taken after the sea base departs, strong consideration should be given to providing only medicines that are available in the HN. MEDCAP formulary recommendations are available through the surface force authorized medical allowance (AMAL) at Naval Medical Logistics Command. The AMAL recommendation is an advisory vice mandated listing of medications. Another source to consult when developing formulary requirements for HCA missions is World Health Organization (WHO) recommendations for outpatient treatment. Alignment with its recommendations will serve to minimize conflict with resident HC.

2.2.1.6 Biomedical Repair

Biomedical equipment technicians (BMETs) can assess and repair equipment, and provide cost-effective evaluations to the HN for repair versus replacement if the equipment cannot be repaired by the BMET. BMET technicians are typically sourced through the U.S. military or the HC. Often, the BMET interaction with HN personnel on how to evaluate a piece of equipment and order the appropriate part can have a long-lasting positive impact on HN biomedical equipment maintenance. Obtaining the supplies is often very difficult for the HN technician. Timely procurement of adequate repair parts requires the predeployment site survey (PDSS) team make detailed assessments of equipment to be repaired, including manufacturer, model number, and specific problem(s). These assessments facilitate BMET evaluation as to the cost-effectiveness of repair versus replacement of inoperable equipment.

2.2.1.7 Minor Surgery

Minor surgical procedures involve an incision with instruments performed to repair damage or arrest disease that does not involve anesthesia or respiratory assistance during the surgical procedure. Minor surgical procedures can be accomplished by appropriately trained personnel. An example of minor surgery would be removal of an ingrown toenail or a small lesion excision. If such surgical procedures are conducted, the processing and tracking of pathological specimens must be thoroughly planned.

2.2.1.8 Preventive Medicine

Preventive medicine services augment HN public health, entomology, industrial hygiene, tropical medicine and laboratory, and other environmental health services to the HN population. Services typically include epidemiological services; disease surveillance and outbreak control methods; entomology and vector control

services; industrial hygiene, toxicology and safety programs; environmental health services to include water testing and sanitation projects; tropical disease laboratory procedures and diagnostics; and public health metrics development and public health program evaluations and assessments. Core Navy preventive medicine specialties are typically sourced from a Navy Environmental and Preventive Medicine Unit (NEPMU) and include preventive medicine physicians, industrial hygiene officers, environmental health officers, entomologists, and microbiologists. In addition to providing preventive medicine these specialties also offer valuable, and often essential, services to the HCA commander for force health protection.

2.2.2 Surgery

The various surgical procedures to be performed during an HCA mission will depend on the HN population needs, the HN requests, the sea base's facility and personnel capabilities, and the manpower and supplies available to perform the procedures. Hospital ships and large-deck amphibious ships have been successful at performing general surgery including thyroid and abdominal surgery, and ophthalmologic surgery including cataract removal. Initial surgical screening is conducted prior to the sea base's arrival; the surgical team then reviews each case and selects surgical patients. Surgery is conducted aboard the sea base. Prior to leaving, the surgical team coordinates postoperative care with the HN and resident HC. Prior to conducting any surgical procedures, an emergency action plan must be coordinated with the HN and AMEMB in the event a surgical case becomes too difficult for the HCA team to handle (e.g., surgical complication). Such an advance plan will alleviate or mitigate unnecessary expense and delay in the proper care of the surgical patient.

2.2.2.1 Surgical Screening

The HN prescreens cases for surgery based on the type of surgery, surgical staff, available supplies, and sea-base surgical facilities. Typically, four to five surgical cases a day can be performed per operating room (OR). Although it may vary greatly from HN to HN, generally for every two patients screened by the HN, one will successfully complete final screening and undergo surgery. When the sea base arrives, the prescreened surgical patients will have their final screening done by the surgical team. The screening process involves the surgeons, nursing staff, medical operations personnel, and anesthetist. Patients successfully screened for surgery will be scheduled and all appropriate paperwork performed. Among the most crucial pieces of information to obtain is contact information for the patient in the event the planned surgical date or rendezvous point changes. Prior to departing screening, each patient is supplied with an information sheet with preoperative requirements, including water and food limitations and recommended personal gear (warm clothes, personal toiletries, etc.) for an overnight stay aboard the sea base. Patients typically are permitted one escort who is a family member or relative to stay with them during the surgery. Given the prevalence of TB, recommend all patients and escorts be screened for active TB with a chest x ray prior to admission to the ward. One screening method is to have all patients and escorts boarding the sea base wear an appropriate mask. These individuals then receive a chest x ray, which is either read by qualified personnel on board or sent electronically to the appropriate qualified reader. Once cleared, they can remove their masks and stay aboard. Mobile radiography ashore is another screening method. Personnel who have not completed this screening will not be allowed to stay overnight on the sea base. The more complex cases are generally scheduled early in the visit to ensure discharge of all patients with no additional burden upon the HN.

Note

TB and other similar policies (e.g., H1N1) may change. Policy for specific HCA missions will be specified by the senior medical department representative (SMDR), when the HCA support sea base is a Navy sea base or the commanding officer of the medical treatment facility (CO MTF) aboard an MSC sea base.

2.2.2.2 Surgical Process

The patient receives informed consent, preoperative diagnostic evaluation, and preoperative protocols as required for their condition. Surgery performed is within the usual standard of care. Postoperatively, patient is cared for in the appropriate recovery area and transferred to the intensive care unit (ICU)/ward/berthing, as appropriate.

Escorts are encouraged to visit the patient in recovery as soon as possible. Every effort should be made to communicate the patient's condition to family ashore as soon as possible.

2.2.2.3 Postoperative Care

When necessary, patient aftercare requires coordination with the HN health officer or his/her designee. Care must be taken that supplies and aftercare do not become a cost issue to the patient, and as such, aftercare needs to be directed by qualified HN officials. Both medical and logistics personnel will be involved in patient disposition and follow-on care. Medical personnel define postoperative requirements while logistics personnel facilitate fulfillment of these requirements.

2.2.3 Navy Dental Humanitarian and Civic Assistance Projects

DENCAPS can augment HN dental care services to the local populace. DENCAP services include dental preventive services, tooth extractions, and restorative work. Dental needs vary from HN to HN, with some HNs having a large population that require extractions while others require restorative care. Preventive care is in the form of cleanings, dental care instruction, and distribution of toothbrushes and toothpaste for large groups of patients. It is important to remember not to conduct procedures that cannot be sustained by local dental capabilities. DENCAPS can be conducted ashore if facilities are available or onboard the sea base.

2.2.4 Veterinarian Humanitarian and Civic Assistance Projects

In some HNs, livestock are valuable to the HN population. Veterinarian care may be considered more beneficial than medical care if the local population is dependent upon its livestock and HN veterinarian services are not available. Veterinarians and technicians are typically embarked aboard the sea base for Navy HCA missions. Services that can be provided include vector control, rabies immunizations, deworming, animal husbandry, education, surgery, neutering, and large- and small-animal checkups.

All veterinarian support will be done ashore; no animals will be brought aboard the sea base. The Navy has no veterinarians; veterinarians will be from either the Army or the HC.

2.3 NAVY ENGINEERING HUMANITARIAN AND CIVIC ASSISTANCE PROJECTS

ENCAP provides engineering products to the HN. ENCAP activities include repairs and improvements to existing infrastructure, buildings, public utilities, and maritime projects, recreational and sport facilities, and engineering evaluations and technical assistance. One or more of these activities is typically conducted in HCA missions that include engineering personnel.

Large ENCAP projects require professional engineering personnel while small engineering projects, such as painting a classroom, can be accomplished by the sea base's crew under supervision of qualified engineering personnel. Engineer personnel will primarily be sourced from the naval construction forces (NCFs) and U.S. Marine Corps (USMC) engineers, when available. The NCF is a low-density, high-demand force, so it is important to identify specific project requirements as early as possible. U.S. Public Health service has environmental engineers that can assist with water/sanitation projects. HCA planners must acknowledge that engineer organizations face competing demands. Availability for current and future HCA projects is reliant on the proper planning and preparation of the HCA engineering projects.

Due to the permanent nature of engineer projects, it is essential that they are selected in conjunction with the country team and include USAID and HN input. The projects are selected based on several considerations: parameters outlined in Title 10, United States Code (U.S.C.) 401, sea-base capabilities, duration, project locations, transit time to the project site, materials available, funding, and FP condition.

The engineers possess a variety of horizontal and vertical construction capabilities and should be able to complete most projects depending on sea-base facilities and lead time. Vertical projects vary from repairing existing structures by replacing doors, windows, and roofs, to constructing new wood or concrete block buildings.

Horizontal work includes repairing roads, establishing drainage, constructing playing fields, and removing debris. Projects should be completed using local materials and techniques to ensure the populace can maintain the product.

Larger projects, such as road and drainage construction work, are dependent on the assigned sea base's capabilities to load and unload equipment at the activity site, or what can be delivered separately by air or sealift. Projects requiring specialized gear, such as water-well drilling, should be identified early in the planning cycle to ensure the skills and equipment are properly sourced.

Construction materials are not part of an NCF unit's table of allowance. These consumable materials (e.g., steel, concrete, mortar, block, brick, and wood) must be purchased with HCA funds and provided to the NCF unit tasked with construction. These materials can be either carried aboard the Navy sea base conducting the HCA activity or purchased in the HN.

Many HNs have only very small inventories of engineering materials and fuel to operate engineering equipment. Therefore, when purchasing materials in the HN, consideration must be given to the impact the purchase will have on the HN. On one hand, the purchase of material from HN sources may have a positive impact on the local economy and thus may be preferred over purchasing elsewhere; on the other hand, the positive impact of an HCA engineering project could be considerably decreased if the project results in material, fuel, or food shortages in the HN.

The only United States Navy ships that can carry gasoline in any quantities are the amphibious warships. Limited quantities may be carried in external, jettisonable racks, but this capability must be specifically requested early in the planning of any humanitarian assistance operation.

In addition to project work, the Navy engineers can provide SMEs with a variety of technical and construction skills to work with the local populace or HN military personnel on ENCAP projects. In most cases SMEEs should occur at the ENCAP site vice in a classroom environment.

2.3.1 Repairs and Improvements to Existing Infrastructure

Small-scale rudimentary repairs and improvements and renovations to existing schools, clinics, and public administration facilities are effective means of providing high-impact solutions for increased goodwill with local populations using minimal resources and a small HCA organization footprint. The nature and scope of repairs and improvements on existing facilities and public utilities at a relatively low cost with a few engineers is only limited by the planner. Examples of rudimentary repairs and improvements include:

1. Roof repair and replacement
2. Clearing and leveling surrounding grounds
3. Utility systems repairs and upgrades — wiring, distribution panels, lighting, outlets, heating ventilation, and air conditioning (HVAC), and plumbing
4. Access improvements — roads and driveways, ramps, sidewalks, and stairs
5. Window and door replacement
6. Drainage improvements — gutters, downspouts, and sloping for runoff
7. Recreational equipment improvements — gyms and playgrounds
8. Interior and exterior painting
9. Hardware improvements — locks, doorknobs, and screens.

2.3.2 Buildings

There are several standards of rudimentary building Navy engineers can build during a typical HCA mission. Navy HCA planners can select buildings made of tension fabric, wood, metal, or concrete-block buildings. However, construction time for concrete buildings (25–40 days) should be considered during the planning phase to ensure project completion within the allotted mission time frame. Appendix D provides a basic engineering capabilities matrix. The matrix includes baseline estimates on the number of engineers required, time to complete project, and costs for different types of building projects.

2.3.2.1 Tension-Fabric Structures

Tension-fabric structures entail a steel frame covered with fabric. In a typical 10-day Navy HCA sea-base support period, eight to ten Navy engineers can construct one 17'x32' (544 sq. ft./51.5 sq. m.) tension-fabric structure. Advantages of tension-fabric structures are that their construction is fast, the structures are lightweight, and can be used for multiple purposes. The disadvantages of tension-fabric structures are that they are a short-term solution (they have 2- to 10-year lifespan) and have minimal insulation. Although a concrete pad is typically recommended, it is not required. In addition, large equipment may be required for construction of tension-fabric structures.

2.3.2.2 Standard Wood Buildings

Engineers construct a simple wood structure either 16'x32' (512 sq. ft./48.5 sq. m.) or 16'x48' (768 sq. ft./72.7 sq. m.) referred to as a SEA hut or Southwest Asia (SWA) hut. The SEA hut can be adapted readily for any use in any situation. SEA huts have wood walls and floors, a metal roof, extended rafters, and screened-in areas. SWA huts are designed to withstand the scorching sun, dust devils, and sand storms common to SWA. A significant difference between the SEA and SWA huts is that the SWA hut includes heating and air conditioning.

In a typical 10-day Navy HCA support period, eight to ten Navy engineers can construct two SEA Huts or one SWA hut. The advantages of wood structures are they can be quickly constructed, are relatively inexpensive, are built with materials that can generally be procured worldwide, and have a flexible floor plan. The major disadvantage to wood structures is that they require maintenance and treatment/painting to prevent damage by termites and decay. The standard wood building lifespan is approximately 2 to 5 years.

2.3.2.3 Metal Buildings

Engineers construct an arched metal structure commonly called a Quonset hut or K-span. In a typical 10-day Navy HCA sea-base support period, eight to ten Navy engineers can construct a 17'x32' arched metal building. These structures can be used to satisfy a wide range of requirements from a single-family dwelling to a large multipurpose building. Preengineered, steel arched buildings require the use of specialized equipment, which the NCF has in its inventory. The advantages of metal buildings are that they are fast to construct, relatively inexpensive (approximately half the cost of more conventional construction methods), require minimum maintenance, and are not susceptible to termites or decay. The disadvantages of metal buildings are they require transportation of specialized construction equipment and construction materials that likely will not be available in the HN.

2.3.2.4 Concrete Block Buildings

Concrete block structures offer a more permanent solution to a building requirement. These buildings use either metal or wood frame roofs with a variety of exterior roof finishes, and can incorporate local materials and labor. The advantages of a concrete block structure are that materials are almost always locally available, the structures are termite and decay resistant and very durable (5- to 10-year) lifespan, and when reinforced, they are very resistant to storm or earthquake damage. The disadvantages of these structures are longer construction times, higher costs, and a large engineering team of 20–25 is required.

2.3.3 Public Utilities and Infrastructure

Navy engineers also can support HCA missions by conducting public utilities and infrastructure projects. These rudimentary projects include the construction or upgrade of water wells, electrical power, sanitation, flood control and drainage, roads and bridges, and helicopter pads and airfields activities.

The lack of potable water is a primary contributor to health concerns for many HNs; therefore, well drilling is a frequent request during PDSS visits. Well drilling is a complex operation that requires significant detailed advance planning. Even when all planning is completed, finding a viable water source is not guaranteed. Therefore, it is not recommended that well drilling be the main project in any HCA ashore location as there is no guarantee of success. If well drilling is selected as an ENCAP activity, a minimum of six months' advance planning is required to enable each of the following critical steps to be completed:

1. A geological study to determine if water is less than 1200' below ground. This is the maximum depth that a military well rig can reach.
2. A detailed study of the potential sites to confirm the presence of water.
3. Lift planning to support transportation of the drilling crew and equipment. Well digging requires a crew of 20–24 Seabees. All equipment necessary to drill a well can be loaded on a C-17 or C-130 aircraft for deployment.
4. Life-support planning for the ENCAP team, since a well drilling requires 24-hour continuous attention. An overnight operation requires an additional consideration to be coordinated with the FP plan within Annex C of the HCA tactical CONPLAN (see Chapter 4).
5. Sustainment planning to identify how water will be drawn (many remote sites have no power for pumps) and how the mechanical components will be maintained.

Electrical installation and upgrades encompass a large range and scope of possible ENCAP projects. Electrical projects range from replacement of electrical fixtures and interior wiring to the installation of primary power production and electrical distribution systems.

While not typically the high-profile work that garners most of the attention, sanitation projects are crucial to public health and prevention of communicable diseases. Sanitation projects typically consist of the repair and replacement of sewer piping, installation of septic systems, and aiding the local community to dispose of solid waste. Sanitation projects are good candidates to combine with MEDCAP activities to support the health and well-being of a HN community.

Many HNs need basic relief from prior flood damage due to tropical storms and heavy monsoon rains. Navy engineers can proactively assist in providing relief before storms happen by:

1. Clearing debris-filled storm-water-drainage canals and streambeds. For debris removal, an approved disposal site must be identified.
2. Emplacing storm-water-collection impoundments.
3. Installing culverts under roads to prevent washouts.
4. Installing drain tiling systems with select backfill.
5. Sloping outside grounds for runoff.
6. Adding gutters and downspouts to buildings.

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Roads and bridges link local communities. There are infinite combinations of capabilities for bridge and road ENCAP projects that the engineers can provide. Since local suppliers are capable of providing almost all of the supplies required for such ENCAP projects, completing road and bridge projects presents a great opportunity to help the local HN economy and community. Given the technical nature of these projects, greater lead time and more deliberate planning is required.

Helicopter pads and airfield projects can be as large as the construction of an aircraft parking area or as small as a minor repair to a single parking space. Also included in this category are structural repairs to aircraft facilities (hangers, etc.), airfield lighting repairs, and installation and/or repair to other airfield facilities.

2.3.4 Maritime Projects

Seabees from underwater construction teams (UCTs) provide a wide range of underwater repair, inspection, and construction expertise. UCTs can be employed in any environment, whether at sea or ashore, and are equally accustomed to operating in inland waterways, oceanic atolls, and desert reservoirs. NCF divers perform underwater construction, maintenance, and repair operations to a depth of 190 feet on piers, wharfs, underwater cable systems, underwater pipelines, and mooring systems. Their capabilities also include underwater inspection, site survey, and design support. Other examples of NCF underwater construction services are beach/channel clearance, and light salvage and recovery operations. NCF divers can conduct both geotechnical and hydrographic surveys, including complex inshore and deep-ocean underwater construction tasks, such as ocean-bottom surveys, for potential underwater facilities.

2.3.5 Recreational and Sports Facilities

Playgrounds and sports fields leave a lasting product that creates a positive image of the United States to people of all ages in the HN. Combining the construction of simple soccer fields, gazebos, or playgrounds with larger-scale projects can have an important impact on a local village. Working side by side, sea-base crews with engineer oversight, community leaders, and entire families participate in playground construction — the planning, setup, installation, and landscaping — and benefit from the results. Swings, slides, monkey bars, and climbing walls — play in general unites. Fiscal constraints may limit the projects to installation of equipment provided by others, typically the HC.

2.3.6 Engineering Evaluations and Technical Assistance

A key aspect of all engineering engagements is project planning. The planning lead time is directly tied to the complexity and scope of the projects being considered. The NCF have SMEs who can evaluate potential projects, conduct damage assessments on existing facilities, and make recommendations for construction/repair priorities. Based on preliminary projects analysis, these assessment teams can develop project packages complete with design, soil analysis, survey diagrams, time lines and costs, and required construction materials. This information can be used to secure funding and approvals for construction.

In addition to project work, the NCF can provide SMEs on a variety of technical and construction skills to exchange information with the local populace or HN military personnel. In most cases, this is best done by working together on a project vice in a classroom environment.

2.4 COMMUNITY RELATIONS CIVIC ACTION PROGRAM

COMREL civic action program activities are typically executed by the Navy HCA sea base's crew not conducting or supporting other HCA civic action programs. These activities contribute to economic and social development and serve to improve the standing of the U.S. military with the HN population. HCA COMREL civic action program activities include distinguished visitor (DV) programs, basic engineering projects, painting or cleanup of public areas, sporting events, band concerts, distribution of HC-donated material, and access to pastoral care.

2.4.1 Distinguished Visitor Programs

Nearly all HCA missions will have DV visits. A ceremony to inaugurate a Navy HCA sea-base arrival in which local DVs are invited provides a great venue to share information about HCA and the activities planned during the visit. Those DVs who are unable to attend the opening ceremony likely will visit some other time during the Navy HCA sea-base support period. These visits frequently occur with little advance notice and typically include a commander's brief providing an overview of planned HCA activities for the sea-base support period in the HN, a tour of HCA activities ashore, and an opportunity for the DV to address some or all of the HCA organization. Coordination and planning these visits needs to be carefully orchestrated to ensure they complement the HCA CONOPS objectives.

2.4.2 Distribution of Donated Material

Navy ships are authorized to transport materials donated to HC organizations to the HNs. These materials are delivered to the sea base in tri-wall containers and/or palletized boxes. Contents will be tailored to specific needs of the HN. When evaluating donated material for an HCA mission, it is important to consider cultural sensitivities as well as regional geography. For example, the donation of skateboards to a region that does not have any paved roads or walkways will result in a wasted donation that could have been more effectively distributed elsewhere.

Donated material may also be donated to individual patients and their escorts who have embarked the sea base for medical or dental treatment. HN citizens typically do not have warm clothing, shoes, personal hygiene supplies, or toys for the minor patients needed to comfortably stay for the 24-to-48-hour pre/postoperative time aboard a sea base. Preplanning with HC could supply these needy individuals with items to make their stay aboard the sea base more comfortable and to take with them upon departure.

2.4.3 Pastoral Care

The chaplain(s) on the HCA commander's staff interacts with the HN religious community and provides pastoral care to the HCA organization and HN population. During predeployment visits to the HN, religious preferences should be determined to ensure the HCA chaplain(s) are familiar with the denominations predominate in the HN.

2.5 CIVIL AFFAIRS ACTIVITIES

Civil affair activities are ideally performed by personnel trained and equipped to conduct CA and support civil-military operations (CMO). Their actions enhance the relationship between the HCA organization and HN civil authorities in areas where HCA organization is present.

CA encompass the activities that military commanders take to establish and maintain relations between their personnel and the civil authorities, general population, and the HC in friendly, neutral, or hostile areas where the commander's personnel are employed. CA activities contribute to shaping the operational environment by focusing on the civil dimension affecting U.S. objectives, and work to enhance the relationship between military personnel and civil authorities in areas where military personnel are present.

2.6 SUBJECT MATTER EXPERT EXCHANGE

Note

While HNs can be sensitive to HCA activities providing education or training, they welcome information exchanges and facilitated discussions. Additionally, training of any other than U.S. military personnel is not appropriate under HCA fiscal restrictions. Therefore, HCA participants should avoid using terms such as professional education, training, or instruction.

Information exchange and/or facilitated discussion are an excellent resource to offer during HCA missions. SMEEs provide the vehicle for this to occur. Military medical personnel have the opportunity to practice medicine in a foreign location. HC volunteers and military medical professionals have the opportunity to work side by side

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and learn about each other's community. The commander and planners learn how to cooperate with a variety of new players, such as HCs, PNs, and foreign military medical professionals. Finally, HC, PN, and military interactions during HCA are unique opportunities to prepare for disaster-relief scenarios, which would require the military and HC to work side by side to provide medical and emergency care to the affected population.

CHAPTER 3

Navy Humanitarian and Civic Assistance Force Composition, Roles, and Responsibilities

3.1 NAVY HUMANITARIAN AND CIVIC ASSISTANCE FORCE ORGANIZATION

Once a Navy HCA mission has been proposed, funded, and has interagency endorsement, the CCDR orders the NCC to execute the operation by way of a planning order (PLANORD). The NCC conducts the NPP to develop the operational CONOPS. The operational CONOPS will designate the Navy HCA force. Typically, the chain of command for the Navy HCA force is NCC to numbered fleet to HCA commander. Depending on tasking, the Navy HCA commander will, in addition to staff augmentation, have transportation, health services, engineering, and forward liaison forces either assigned, attached, or in support of the mission. (See Figure 3-1.) The command authority the HCA commander exercises is determined by the numbered fleet commander.

Note

The HCA force is composed of low-density, high-demand resources. It is important to identify specific requirements as early as possible. HCA planners must realize that HCA resources face competing demands with more requirements than forces available. Mission changes or ill-defined requirements jeopardize the mission and future availability of resources.

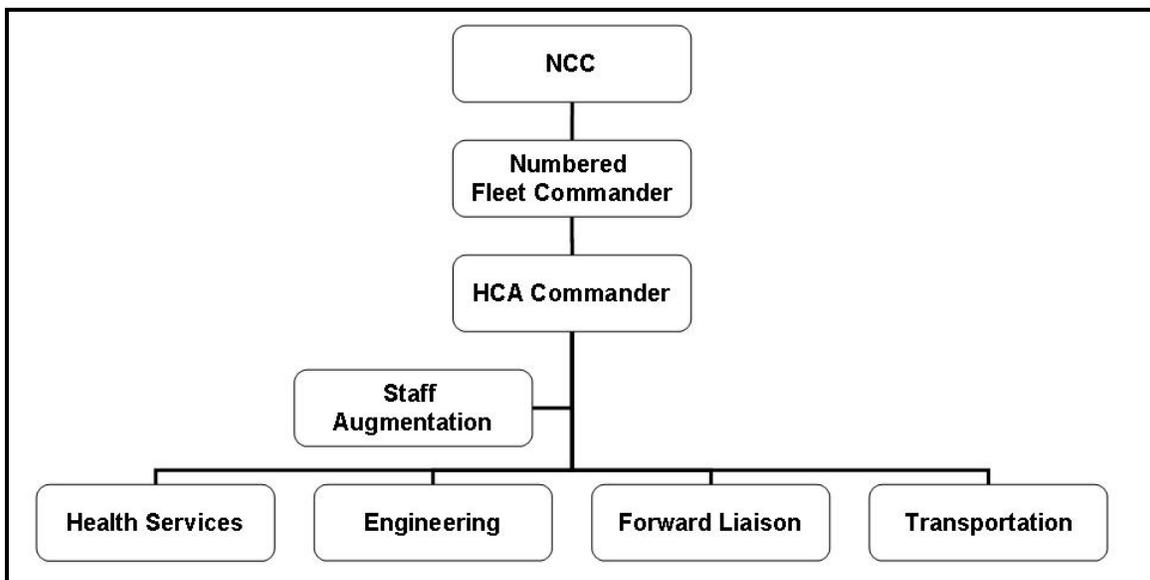


Figure 3-1. Humanitarian and Civic Assistance Organization

3.2 HUMANITARIAN AND CIVIC ASSISTANCE COMMANDER

For the planning, directing, monitoring, and assessment of the HCA mission, the HCA commander typically reports to the numbered fleet commander. For small Navy HCA missions the commander may be a sea base's commanding officer. For Navy fly-in HCA missions the officer in charge (OIC) of the fly-in detachment will normally be the HCA commander. The HCA commander for an HCA mission that incorporates movement of a dedicated sea base normally will be either a destroyer or amphibious squadron commander.

The HCA commander should be designated early in the planning process, so that the commander and staff can be fully engaged in setting expectations with the AMEMB and HN government.

In addition to those duties and responsibilities assigned to a commander in numbered fleet commander Standard Organization and Regulations Manuals (SORMs), and other applicable Navy regulations, the HCA commander is responsible for the following:

1. Have representatives attend the initial planning conference, which is conducted by the NCC. At this conference the NCC will brief the mission, the Navy commands assigned, and lessons learned from previous HCA missions.
2. Coordinate all HCA activities with AMEMB, HN government, and HCs.
3. As required, submit a request for forces/request for capability (RFF/RFC). The RFF/RFC should include all key capabilities and essential military personnel to execute the HCA mission. RFF/RFC for augmentation of the forward liaison group, specifically, medical planner(s) and logistician(s), occurs well before HCA mission commencement in order to assist in the planning and supply ordering. The RFF/RFC includes the specific skill sets, credentials, and capabilities needed to execute the HCA mission. Early and accurate RFF/RFC submittal is a key product of the planning processes. The HCA commander and staff need to continually review RFF/RFC response status. If a resource cannot be filled with a U.S. military resource the HCA commander will assess mission impact and liaison with HC and PN representatives to determine their ability to support.
4. Assign personnel to the forward liaison group. This group is composed of two teams: the PDSS and advance team. These teams are critical to the HCA success. The short duration of Navy HCA sea-base support periods requires significant on-site preparation. Personnel assigned to these teams will determine the success or failure of the HCA mission.
5. Identify for the PDSS team, from the NCC CONOPS, HCA ashore locations within the HN and overall objectives. This enables the PDSS to meet with appropriate HN government officials at the regional, provincial, state, and local levels in order to select activity sites and identify HN partners.
6. Determine anticipated costs associated with PDSS and advance team visits to HN(s). If required, request operating/operational target (OPTAR) budget increase to cover these costs.
7. Conduct mid-planning conference.
8. Identify CONPLAN annexes (see Chapter 4) that require development to support the HCA mission.
9. Approve the HCA tactical CONPLAN and associated annexes.
10. Conduct the final planning conference. At this conference the HCA commander will brief the tactical HCA CONPLAN and individual ashore-location CONOPS.
11. Monitor and assess HCA activities. As needed, adjust the plan and redirect HCA activities to ensure success.

12. Provide daily reports of HCA activities to the numbered fleet commander and NCC. Provide weekly reports to external stakeholders including, but not limited to, headquarters of participating HC organizations.
13. Collect data to assess the HCA mission (see Chapter 5).
14. Plan and direct sea base-to-shore movement. For HCA missions this will likely require planning and directing movement to several sites ashore.
15. For those HCA missions supported by an MSC sea base, execute the duties and responsibilities of the transport group commander specified in Paragraph 3.4.

3.3 HUMANITARIAN AND CIVIC ASSISTANCE COMMANDER STAFF AUGMENTATION

The HCA military organization (see Figure 3-1) resembles traditional military organizations with commanders and forces required to execute the tasking. The primary task of the HCA commander is planning, directing, monitoring, and assessing the HCA mission. During HCA missions the HCA commander and staff must provide the basis for a unified effort, centralized direction, and decentralized execution. Unique aspects of HCA compel the HCA commander and staff to be especially flexible, responsive, and cognizant of the HCA organization's capabilities and limitations. The staff permanently assigned to the HCA commander typically does not have the full breadth of subject matter expertise needed to plan, direct, monitor, and assess an HCA mission. Upon review of assigned staff expertise and the assigned HCA task, the HCA commander will request staff augmentation. Typical augmentation expertise requested by HCA commanders for their staffs includes:

1. Civil affairs (CA) planner
2. Civil engineer
3. Communications
4. Force protection (FP)
5. Foreign service liaison
6. Staff judge advocate (SJA)
7. Logistics
8. Public affairs (PA).

3.3.1 Civil Affairs Augmentation of Humanitarian and Civic Assistance Commander's Staff

HCA commanders may request a maritime CA team (MCAT) plus one Maritime Civil Affairs and Security Training Command (MCAST Command) liaison/planning officer augment for their staff. For HCA missions with multiple ashore locations, the HCA commander should request two MCATs to allow one to plan and support the current ashore location and the other to plan and support follow-on HCA locations. These teams provide trained, equipped professionals who coordinate and augment HCA military personnel and bring a maritime focus. MCATs are the deployable elements of the MCAST Command, which is part of Navy Expeditionary Combat Command (NECC). Maritime civil affairs (MCA) forces are specially trained and suited to liaison with various civil agencies and multinational partners in an operational area.

MCAT strengths include the ability to rapidly analyze key civil aspects of the area in which the HCA activity will occur, develop an implementation concept, and assess its impact throughout the HCA mission. Their regional expertise and in-depth knowledge of the HN makes them ideally suited for the development of assessment criteria and overall assessment of objectives. In addition, MCATs can fill any of the following roles:

1. Advising. Recommend appropriate actions to the HCA commander for the development and maintenance of positive civil-military relationships.
2. Analyzing. Perform research, examination, monitoring, and interpretation of cultural, linguistic, sociological, political, economic, and military factors pertinent to a given region, country, or operational area. Evaluate developing trends that may impact military operations such as dislocated civilian migration and availability of food and supplies. The analysis could be used as a basis for area studies, assessments, or advice provided to commanders.
3. Informing. Provide the HCA commander with area assessments and other political, economic, and cultural estimates and background data required for HCA planning and execution.
4. Planning. Coordinate plans to employ CA forces with command, U.S. government agencies, HCs, PNs, and HN civil and military authorities to determine the best methods by which support can be provided. Augment medical and engineering planning groups within the HCA organization.
5. Evaluating. Perform review and analysis of all civil-military activities to determine and enhance their effectiveness in supporting and achieving HCA objectives.
6. Assessing. Through predeployment and on-site assessments, CA personnel, trained in civil reconnaissance (CR) techniques and armed with civil information management (CIM) data, assess factors existing within the local area and its population in terms of how these factors can affect HCA projects, how HCA projects can impact the populace, and how past HCA projects have impacted the populace.
7. Liaising. CA personnel are specially trained and suited to perform CMO liaison with the varied civil agencies and multinational partners in the HCA ashore location.

3.3.2 Civil Engineer Augmentation of Humanitarian and Civic Assistance Commander's Staff

Augmentation of the HCA commander's staff with one or more civil engineer corps (CEC) officers is recommended when ENCAP activities are anticipated for the HCA mission. Early in the planning effort, CEC augmentation of the HCA commander's staff is required to plan ENCAP activities. The CEC augmentation provides a SME who can evaluate potential engineering projects, conduct damage assessments on existing facilities, and make recommendations for construction/repair priorities. These SMEs can develop project packages complete with designs, soil analysis, survey diagrams, time lines and costs, and required construction materials. In addition, this planning effort will further define NCF requirements for personnel and equipment. Typically during the HCA mission, the HCA commander will have a CEC officer attached to the staff. Each ENCAP activity will have an OIC who will liaise with the CEC officer attached to the staff. The CEC officer attached to the HCA commander's staff will:

1. Provide the HCA commander with technical engineering expertise pertaining to ENCAP activities.
2. Coordinate movement of NCF forces supporting the HCA mission.
3. Liaise with the HCA logistics officer to ensure required material supplies are at ENCAP sites.
4. Provide data for assessment on ENCAP activities to the HCA commander's operation officer for incorporation into the daily briefings and reports.

3.3.3 Communication Augmentation of Humanitarian and Civic Assistance Commander's Staff

Command and control (C2) of Navy HCA personnel and assimilation of civilian and multinational partners necessitates unique communications requirements which may not be inherent in the platform chosen for the operation. In addition to communications normally required of a Navy sea base on independent operations with a squadron command embarked, the sea base will be required to support the sea base-to-shore communications with

multiple disbursed shore sites and the communication needs of the embarked HC and PN representatives. Effective communications are essential to coordination. Communications suites can vary from platform to platform. When embarking on a Navy sea base, communication augmentation is not normally required. However, when embarking on an MSC sea base, communication personnel augmentation is normally required. Typically, Navy active duty and fleet support engineering technicians augment the MSC sea base information technology staff. Key considerations include:

1. Determination of the primary C2 medium. Consider using unclassified email to facilitate participation by all agencies. Lack of terminals and bandwidth aboard the sea base will be a limiting factor.
2. Identification and, if necessary, procurement of required communications assets. Minimum required capabilities include radios, telephones (preferably satellite), secure and nonsecure Internet, video teleconferencing, as well as still and video image transmission. Embarked media personnel will likely desire streaming video capability and may not have the necessary assets with them to facilitate video downloading.
3. Establishment of sea base-to-shore communications between the sea base and MEDCAP, DENCAP, and ENCAP sites.
4. Expectation management of what communications support will be available or provided to the HC, PN, representatives, and the media by clearly articulating capabilities at first contact.
5. Identification and test of communication networks with the AMEMB in the HN.
6. Leveraging use of HN communication networks/systems (e.g., cellular telephone network), where possible.
7. Identification of times and locations for joint communications support element (JCSE) augmentation.

Notes

- Use of HN communication resources presents security issues. The HCA organization cannot ensure these communications are unmonitored by the HN or other local entities.
- The assistant secretary of defense for Networks and Information Integration annually sets priorities for enhancing communication architectures with interagency and indigenous partners (DODD 3000.07). HCA organization communication staff should inquire on the latest capabilities to identify current functionality to support HCA mission information and network requirements.

The communications team on the HCA commander's staff provides:

1. Processes that satisfy military network security requirements and allow embarked HC and PN representatives to liaise with their home headquarters using Web mail.
2. Classification and releasability guidance from higher headquarters to minimize staffing delays with HC and PN representatives on classified information (e.g., sea-base position, dates, etc.).
3. Sea base-to-shore communications plans, to include access to HN cell phone system for each ashore location. Care must be exercised if plans rely on satellite support to ensure coverage exists.
4. Mitigation plans for communication infrastructure single points of failure.
5. Training to all HCA personnel on International Maritime Satellite Organization (INMARSAT) and Iridium telephone operating procedures.
6. HC "Internet café" to support embarked HC, PN, HN, and media personnel.

7. Still and video image transmission for the PA team and embarked media personnel. Streaming video is routinely requested by media. Depending on sea-base capabilities, transmission of these enormous files may or may not be supported. Communications teams should be prepared to identify alternative methods to transfer video image transmissions.

3.3.4 Force Protection Augmentation of Humanitarian and Civic Assistance Commander's Staff

Augmentation of the HCA commander's staff with a naval criminal investigative service (NCIS) special agent afloat and/or representatives from Navy environmental and preventive medicine units (NEPMUs) can assist the HCA commander with identification of FP requirements and mitigating measures. Although HCA mission focus is on providing assistance directly to HN citizens, FP concerns for HCA participants cannot be ignored. Even if physical threats to the HCA personnel are minimal, health threats are typically high in HCA missions.

FP augmentation personnel should be identified by the initial planning conference and work closely with the HCA commander and staff to aid in FP planning for the mission.

Most sea bases do not have personnel and/or equipment to provide FP to multiple HCA activity sites and personnel ashore during mission. Coordinated with HN/PN forces to reinforce the partnership nature of HCA, FP can be augmented with Maritime Expeditionary Security Forces, Fleet Antiterrorism Security Teams, or Navy Environmental and Preventive Medicine Unit teams. FP personnel on the HCA commander's staff provide:

1. A force health protection plan, approved by the SMDR, when the HCA support sea base is a Navy sea base or the CO MTF aboard an MSC sea base for each ashore location. The force health protection plan identifies unique medical concerns (e.g., indigenous poisonous snakes, and insects) to the HCA location) as well as general concerns (e.g., H5N1 (avian flu), HIV (AIDS), parasitic infections, TB, diarrhea, and environmental stressors). In addition to identification of these concerns, the plan shall address the mitigating actions for each concern.
2. FP plan for each ashore location. In addition to typical FP plan concerns and mitigating actions of the HCA, the FP plan needs to address prescribed uniform of the day and combat attire.
3. FP logistics requirements (FP LOGREQ) message for each ashore location. The FP LOGREQ outlines specific requirements necessary to accomplish the FP plan. It should be transmitted as early as possible, to ensure adequate time for HN government coordination.
4. Coordination of FP considerations and requirements prior to the sea base's arrival into the HN port.
5. A FP plan for each HCA site for convoys to/from the site to the appropriate beach landing site (BLS) and/or HLZ.

3.3.5 Foreign Service Liaison Augmentation of Humanitarian and Civic Assistance Commander's Staff

Augmentation of the HCA commander's staff with a Department of State (DOS) Foreign Service Liaison Officer (FSLO) provides the HCA commander a regional DOS expert. The FSLO provides the commander understanding of the political impacts of HCA activities in the HN and region. Time line and duration of DOS FSLO embarkation shall be linked to the time of actual in-country operations as much as possible. Requests for FSLO support should be made no later than 180 days prior to the start of the HCA mission. At a minimum, the initial coordinating contact should be made 8 to 10 months in advance of the start date of the HCA mission. The FSLO assists the HCA commander by:

1. Helping the HCA commander and staff maximize the opportunities afforded by engaging with local communities advertising the benefits of U.S. assistance and minimizing misrepresentations or manipulations of U.S. intentions.

2. Providing the HCA commander with knowledge and insight about political personalities, local culture, and customs in the HN to avoid misunderstandings, particularly those concerning the purpose of the HCA mission and the nature of those participating in it.
3. Advising the HCA commander on the unique visa/passport requirements, for each ashore location. Unlike other military endeavors, the FSLO needs to consider the requirements for embarked HC and PN representatives. This knowledge needs to be promulgated prior to commencement of the HCA mission in order for U.S. military, HC, and PN personnel to properly prepare for embarkation, debarkation, and liberty (if authorized).
4. Identifying and communicating with:
 - a. Key AMEMB or consulate personnel who can serve as POC in each country
 - b. Other key DOS representatives.
5. Coordinate with the HN AMEMB staff on sovereign immunity and status-of-forces agreement (SOFA) requirements that could affect the HCA mission and sea base port arrival/departure. The HCA commander and augmented SJA should also be included in these communications.

3.3.6 Staff Judge Advocate Augmentation of Humanitarian and Civic Assistance Commander's Staff

HCA presents unique requirements regarding international and operational law. Accordingly, the HCA commander requires access to an embarked SJA who is well versed in the following unique legal challenges that arise during HCA operations:

1. SOFA/generation of HCA mission-specific bilateral document (e.g., memorandum of understanding (MOU), diplomatic note) that addresses some of the topics listed below, which are normally addressed in a SOFA.
 - a. Passport and visa exemptions for military members
 - b. Criminal jurisdiction for HCA personnel
 - c. Government claims
 - d. Importation and exportation requirements (waiver of duties, taxes, or other similar charges)
 - e. Movement of vessels and aircraft (e.g., waiver for port and landing fees, pilot fees, navigation and overflight tolls, etc.)
 - f. Force protection and the use of weapons.
2. Sovereign immunity. The SJA advises the HCA commander when foreign officials request to take actions that may violate sovereign immunity. U.S. military aircraft, warships, and auxiliaries (including USNS) are immune from HN actions such as search, inspection, or detention whether within foreign territory, territorial seas, or airspace. In addition, HN government officials are prohibited from exercising authority over passengers or crew when embarked or in the performance of official or private acts on board the vessel.
3. Foreign claims. Foreign claims encompass demands for payment against the United States by inhabitants of foreign countries for property damage, personal injury, or death occurring outside of the United States. An appropriate award is generally limited to reasonable compensation for the damage done by the U.S. military member(s). In the case of personal injury or death, compensation may include current and future

medical expenses, pain and suffering, loss of society and companionship, loss of income, diminished earning capacity, and burial expenses.

The SJA should train the HCA U.S. military personnel on documentation to collect whenever an event occurs that could result in a foreign claim against the United States. The SJA advises the HCA commander on which claims can be adjudicated locally and which ones need to be forwarded to higher authority. The SJA will also assist foreign officials in providing the correct incident information so that a proper adjudication of the claim can occur.

4. Fiscal law. Several types of appropriated funds will be used during the execution of HCA. The SJA and logistics officer advise the HCA commander on proper expenditure of HCA funds. Expenditure of the funds is limited by purpose, time, and amounts. In particular, the expenditure of these appropriations must (1) be for a specified purpose or necessity, and incident to the proper execution of the general purpose of the appropriation, (2) must not be prohibited by law, and (3) must not otherwise be provided for or fall within the scope of another appropriation.
5. Manual of the Judge Advocate General (JAGMAN) investigations. Preliminary inquiry, command investigation, and litigation-report investigation are the three primary types of JAGMAN investigations that may be used during HCA operations. When incidents occur which warrant investigation, the SJA advises the HCA commander on which type of investigation is appropriate. The SJA acts as an adviser to the investigating officer for preliminary and command investigations. The SJA will be the direct supervisor of the investigating officer of a litigation report investigation.
6. Immigration. A child born on a U.S. ship in foreign or international waters during an HCA mission will not acquire U.S. citizenship.
7. Political asylum and temporary refuge. Political asylum is a request for protection and sanctuary by a foreign national because of persecution or fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion. Temporary refuge is a request for protection by a foreign national for humanitarian reasons under conditions of urgency in order to secure life and safety of that person against imminent danger, such as pursuit by a mob.

The SJA shall ensure all HCA U.S. military personnel are trained on DOD policy regarding accepting foreign nationals onboard the ship for political asylum and temporary refuge. In the event a foreign national is taken aboard, the SJA will advise the HCA commander on the required follow-on actions according to DOD policy and higher-headquarters approval.

8. Laws of conscript. Certain HNs (e.g., Vietnam) have the Law of Conscript for compulsory military service of young men of that particular nationality. The risk of conscription arises if any HCA participant is a current HN citizen (U.S. resident alien) or is a current U.S. citizen who had prior HN citizenship. The HCA commander has the discretion of preventing or allowing any U.S. military service member with such HN heritage to go ashore during the mission. The SJA shall advise the HCA commander of proposed mitigation plans to include drafting of a detailed briefing document and potential mission/liberty restrictions for each HCA force member to which this situation applies.
9. Emergency HN helicopter transportation. Due to the remote location of population centers and limited resources found in HNs, the potential request for emergency helicopter transportation of a medical emergency patient is likely. A DOD criterion for use of a military helicopter to conduct emergency HN transportation typically requires the HN to reimburse DOD for transportation costs. However, during an HCA mission, if (1) the patient can be treated by the HCA medical personnel and (2) the treatment is within the medical limitations set by the HCA mission SMDR/CO MTF, an HCA commander may conduct the emergency transportation and waive transportation reimbursement costs normally paid by the HN.
10. Foreign gift acceptance. Federal employees may accept a gift or combination of gifts of minimal value when tendered and received as a souvenir or mark of courtesy from a foreign government. The SJA will

advise the HCA commander of the legal requirements concerning foreign gift acceptance during the HCA mission, including acceptance of gifts exceeding the minimal value requirement on behalf of the United States.

11. Disposition of excess consumables. At the conclusion of an HCA deployment, there will likely be excess medical and engineering consumables purchased with mission funds. SJA can advise the HCA commander of the proper donation of excess consumables to USAID or an AMEMB representative on behalf of USAID.

3.3.7 Logistics Augmentation of Humanitarian and Civic Assistance Commander's Staff

The significant amount of funding required, large volume of procurement, and unique logistical challenges of HCA make a logistics officer dedicated to the HCA commander essential. This officer will normally become the HCA mission logistics team lead and, therefore, needs to be identified early in the planning process. A contracting specialist may also be necessary, depending upon the nature of HCA activities and ashore locations of the HCA mission. The logistics officer/HCA logistic team facilitates HCA by:

1. Being the local authority to legally commit and obligate funding. All funding requests shall be vetted through the logistics officer assigned to the HCA commander.
2. Identifying and procuring the HCA AMAL for HCA missions with MEDCAP activities. These supplies need to be purchased with HCA funds. The procured medicines can only be used for HCA; therefore, correct estimation of requirements is essential. The final approved AMAL must be provided to the logistics officer on the HCA commander's staff no later than 120 days prior to the sea base's support of the HCA mission. In addition, the lead time for many of these medicines is 120 days; therefore, early identification of requirements is essential. The HCA AMAL should be aboard prior to commencement of the HCA mission as overseas medical logistics are problematic.
3. Interfacing with HN industry for support of HCA (for example, coordinating with regionally contracted husbanding agents for care of the sea base and procurement of material needed to support ENCAP).
4. Being either a contracting officer or well versed in contracting requirements and processes.

3.3.8 Public Affairs Augmentation of Humanitarian and Civic Assistance Commander's Staff

HCA missions present unique challenges to capturing the successful nature of the HCA mission for the public and target audiences. Accordingly, the HCA commander requires experienced PA support. This support could be a single person for a small HCA mission up to a full team for a large HCA mission. The HCA commander will need to evaluate the HCA mission to determine the appropriate PA augmentation. The PA augment will develop and implement PA guidance (PAG) in coordination with the appropriate CCDR, U.S. Navy Chief of Information (CHINFO), country teams, and command personnel.

Included in the PAG are:

1. Description of the communication environment in each HN.
2. Release authority for public information, including imagery.
3. Identification of key participating organizations and audiences. Key audiences include local, regional, international, and the domestic U.S. publics; local, regional, and international governments; Congress, DOD, DOS, and other USG agencies; international bodies; and the HC. (Appropriate attention should be paid to HN sensitivities. Advance or emergent coordination with HN to integrate communication may result in a broader or narrower communication options.)

4. Themes and supporting talking points for the HCA mission to incorporate into communication products (speeches, press releases, imagery, etc.) as applicable. Additional talking points may be developed and tailored to address port- or country-specific issues and activities.
5. A comprehensive public affairs annex to the tactical CONPLAN to include public information (including news media, social media, Web sites, etc.), internal information, and other PA actions to support civil-military operations.

3.4 TRANSPORTATION

HCA military personnel can be transported to the HN by either aircraft or ship. HCA personnel transported by aircraft typically are small teams that conduct one type of HCA activity and require minimal equipment/material support. Teams from any Service can support HCA tasks that use aircraft transportation. The Navy is unique as it can transport large numbers of HCA personnel for complex and demanding HCA tasks. Using either Navy or MSC ships, the Navy is able to embark and support a large HCA organization, provide state-of-the-art medical facilities for surgeries, and carry significant quantities of material and equipment needed for complex engineering projects. Navy sea bases suitable for support of HCA missions include hospital ships, amphibious warships, and other sea bases, depending on the operational CONOPS specifics. These sea bases, in addition to transporting the HCA force to the HN, also provide:

1. Services to move personnel ashore via small boat or helicopter
2. Hospital facilities used for surgeries and other complicated medical procedures undertaken during the Navy HCA sea-base support period
3. Transport of engineering equipment and construction materials
4. Logistics support.

The Navy personnel from the HCA sea base's crew support COMREL civic action program projects. These projects are typically identified while the sea base is supporting HCA activities ashore. Care should be exercised to ensure the sea base's crew is not overly tasked.

In addition to those duties and responsibilities assigned to a sea base's commanding officer in SORMs, and other Navy regulations, the sea base commanding officer tasked with transporting and supporting the HCA organization to the HN is responsible for the following with respect to the successful accomplishment of the HCA mission:

Note

These duties will be the responsibility of the HCA commander if the sea base supporting the HCA mission is an MSC ship:

1. In accordance with applicable numbered fleet commander, NCC, Office of the Chief of Naval Operations (OPNAV), and Secretary of the Navy (SECNAV) directives, request approval to transport equipment and supplies of HN, PNs, and HCs supporting the HCA mission.
2. In accordance with applicable numbered fleet commander, NCC, OPNAV, and SECNAV directives, request approval to embark HC, PN, HN personnel (to include PN and HN military). Request should cover members of the media, including foreign media, and other foreign nationals likely to embark on the sea base; for example, patients, escorts for patients, HN interpreters and observers on Navy helicopters, and aircraft and watercraft designated to support the sea base-to-shore movement for the HCA mission.
3. In accordance with applicable numbered fleet commander, NCC, OPNAV, and SECNAV directives, as DV visits become known, request approval to embark DVs on Navy helicopters and aircraft for sea base-to-shore, shore-to-sea base, and shore-to-shore transportation in support of the HCA mission.

4. Adjudicate requests for U.S. military helicopter services to the HN for transport of a medical emergency to a hospital during the HCA mission.
5. Recommend to the HCA commander crew member(s) to represent the sea base on PDSS and advance teams.
6. Identify and coordinate ILOGREQ for sea-base operation. HCA support sea bases should not assume fuel, supplies, or food will be available from HN. Typically, small HNs maintain inventories only for sustainable use by HN infrastructure.

3.5 MEDICAL

Medical activities within HCA missions are the responsibility of either the SMDR aboard a Navy sea base or the CO MTF aboard a MSC sea base. For execution of HCA medical activities, the SMDR/CO MTF reports to the HCA commander. The SMDR/CO MTF is supported by a chain of command generally established by the hospital directorate system in that all medical personnel report to their respective directorates irrespective of source to include PN, HN, and HC personnel. For HCA missions the SMDR/CO MTF is supported by a director of medical operations (DMOP) and the executive committee of the medical staff (ECOMS). Figure 3-2 shows a representative HCA mission medical organizational chart including typical HCA MEDCAP activities listed under each directorate.

3.5.1 Senior Medical Department Representative/Senior Medical Representative

In addition to those duties and responsibilities assigned to a SMDR/CO MTF in SORMs and Navy regulations, the SMDR/CO MTF of the HCA mission is tasked with:

1. Planning for all MEDCAPs, DENCAPs, and VETCAPs to be conducted during a Navy HCA mission
2. Determining the credential requirements for each HN where medical activities will be conducted
3. Collecting all credentialing documentation required by HN in which medical activities will occur
4. Ensuring compliance with DOD policy concerning credentialing and authorization of all PN and HC providers participating in HCA activities
5. Recommending to the HCA commander the proper medical and dental personnel for assignment to the PDSS and advance teams
6. Coordinating medical activity requirements with the staff of the HCA commander
7. Coordinating with the HCA commander's logistics staff the procurement of medicines to support the HCA mission.

3.5.2 Director of Medical Operations

The DMOP is a senior medical staff officer responsible for the patient admission, near-term planning, medical care, movement, disposition, discharge, and aftercare once discharged from the sea base. This individual maintains and coordinates the day-to-day operations of the HCA medical activities. The DMOP makes recommendations to the SMDR/CO MTF for admission criteria for all patients and works closely to coordinate duty medical staff operations.

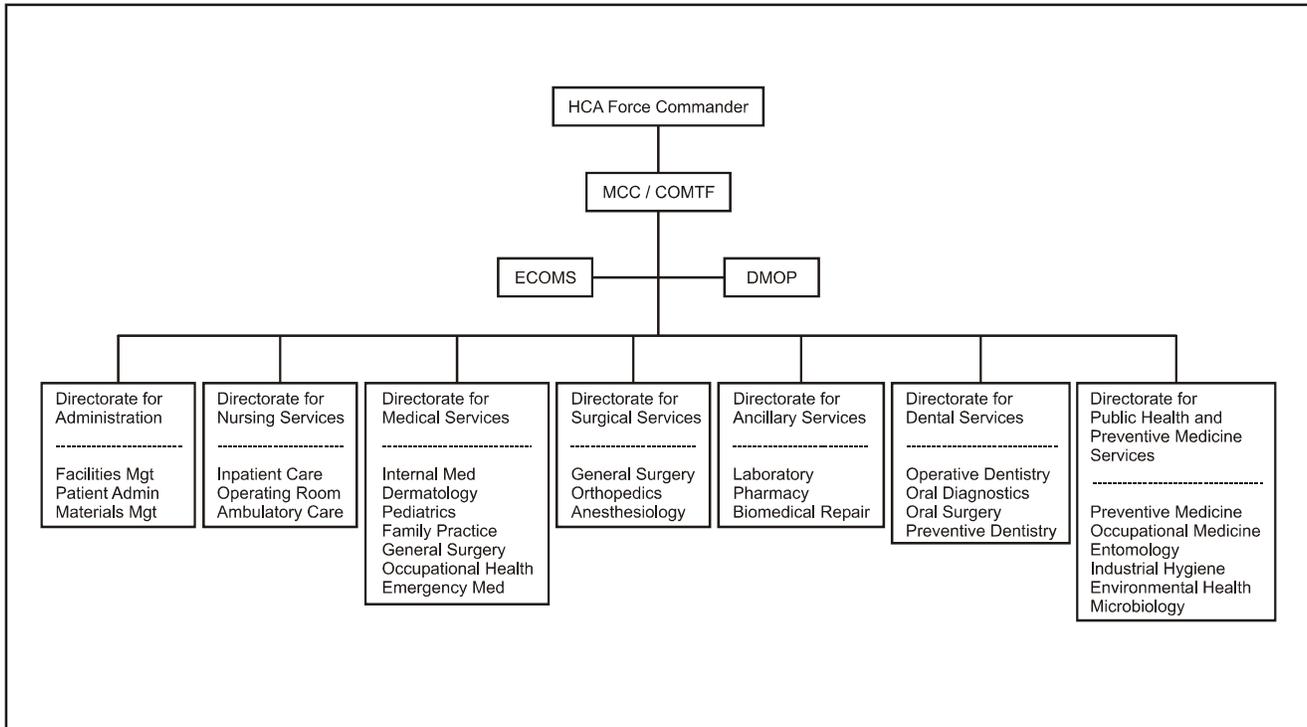


Figure 3-2. Representative Humanitarian and Civic Assistance Mission Medical Organizational Chart With Typical MEDCAP Activities

3.5.3 Executive Committee of the Medical Staff

ECOMSs are formed per appropriate guiding instructions/directives from Navy component and type commanders and the Bureau of Medicine and Surgery (BUMED). Typically, the ECOMS is composed of the senior medical staff from each directorate. The ECOMS reports to the SMDR/CO MTF. This committee functions as a review board for medical quality assurance (QA) within the HCA organization and is accountable for the overall quality and efficiency of patient care. The committee is empowered to review QA/quality indicator issues impacting HCA personnel health care delivery, review providers’ performance, and recommend to the responsible privileging authority any actions modifying the privileges of a provider.³ The ECOMS develops and promulgates policies and procedures involving health care delivery by the HCA force. Responsibilities of the ECOMS include:

1. Review privileging applications⁴ from all credentialed personnel including PN and HC as applicable. HC personnel may already be privileged through a MOU mechanism with the appropriate fleet authority. The appropriate fleet credentialing personnel may be required to assist in the handling of credential packages with ECOMS. After reviewing the packages, ECOMS provides the SMDR/CO MTF with a recommendation to privilege a provider. It should be understood that while operating under the purview of the HCA task that all medical procedures are covered under U.S. liability. Operating outside the scope of the HCA task is not.

³ Credentialing and privileging aboard Navy ships will follow the usual chain of command for ships at sea. As of January 2009, for ships at sea on the East Coast, privileges will be routed through US Fleet Forces Command; for West Coast, through Commander, Naval Surface Forces. The CO of a hospital ship has privileging authority and can form an ECOMS.

⁴ The review and verification of credentials and the granting of clinical privileges are required of every hospital to ensure that members of the medical staff are competent and qualified to provide specified levels of patient care. The credentialing process involves the following: 1) assessment of the professional and personal background of each practitioner seeking privileges; 2) assignment of privileges appropriate for the clinician’s training and experience; 3) ongoing monitoring of the professional activities of each staff member; and 4) periodic reappointment to the medical staff on the basis of objectively measured performance.

2. Review all occurrences that do not meet standard-of-care requirements.
3. Ensure active QA/quality indicator programs are in place throughout the HCA medical group.
4. Promulgate medical policies throughout the HCA medical group.
5. Ensure HCA medical group policies and procedures are current and implemented and meet BUMED and HN standards.
6. Review the following special occurrences:
 - a. Government official inquiries related to care provided by any provider of the HCA medical group
 - b. Potentially compensable events
 - c. Any accidental death or catastrophic occurrence while under HCA medical group medical care
 - d. Equipment malfunctions resulting in actual or potential harm to a patient resulting in death, hospitalization, or loss from work greater than 14 days.

3.6 ENGINEERING

The HCA engineers (normally staffed with Navy Seabees or Marine Corps Engineers) will be task organized based on mission requirements. Each ENCAP activity will have an OIC. HCA engineer personnel will primarily be sourced from the NCF and possibly U.S. Marine Corps Engineers, if available.

Competing demands for Seabees also impact specific personnel sourcing decisions. Although they may be sourced from multiple units, engineers are assigned to the mission as a single detail that works for one OIC reporting to the HCA commander. During HCA missions, the responsibility for the operation of the engineering team in a HN lies with the HCA commander.

3.7 FORWARD LIAISON

The forward liaison group is composed of the PDSS and advance teams. The success of Navy HCA missions is linked to the quality of its forward liaison. The relatively short duration of Navy HCA sea-base support periods requires thorough preparation and planning to ensure the full potential of the HCA organization is exercised effectively in the HN. The PDSS ideally occurs 6 to 9 months prior to the arrival of the HCA sea base. The advance team normally arrives in the HN 30 days prior to the arrival of the HCA sea base and is augmented with additional personnel 15 days prior to the sea base's arrival. However, for HCA events of very limited scope the advance team typically does not arrive in the HN until 10–14 days prior to the HCA sea base. The advance team remains at the ashore location for the duration of the Navy HCA sea-base support period.

To the maximum extent possible, the advance team shall be composed of individuals who were on the PDSS. The incorporation of personnel to an advance team who were not part of the original PDSS will likely result in an unnecessary diversion of time to gain HN information that was already attained during the PDSS, thus depleting time needed to execute the advanced team's taskings. At a minimum, the leader of the advance team should be a member of the PDSS. During the PDSS, many agreements and discussions likely take place between the HN and PDSS team. Therefore, having the advance team leader cognizant of these discussions will facilitate a smooth transition between the two teams and the HN. There are significant benefits to maintaining continuity throughout the PDSS and advance team evolutions. If an advance team member were not able to participate during the PDSS, then the individual must establish contact with the PDSS counterpart to ensure an adequate turnover of items discussed or agreed upon during the PDSS.

When conducting an HCA mission with multiple ashore locations it is common to utilize at least two advance teams to prepare for the sea base's arrival. With two advance teams, one can work the current ashore location

while the second prepares for the one that follows. However, use of two or more advance teams will require additional planning and organization of PDSS visits to ensure information is exchanged and efforts are not duplicated.

3.7.1 Predeployment Site Survey Team

In many cases, the HCA planners' first direct interaction with the HN government will occur during the PDSS. First impressions are lasting, and the PDSS team must arrive in the HN with thorough knowledge of the overall mission CONOPS, objectives, and the capabilities and limitations of the anticipated HCA mission. They must also possess a baseline understanding of local customs and traditions.

A thorough and detailed PDSS is critical to the overall planning and ultimate success of an HCA mission. It serves as the initial baseline for the development of the tactical HCA CONPLAN. Normally, only one PDSS per HN will be required. A second PDSS visit may be necessary depending on the mission's and the U.S. HN's relationship. If a second PDSS is required, it is imperative that the same people participate in both PDSS visits to ensure continuity.

The PDSS team members should be selected carefully for their specific expertise. They should also be individuals with diplomatic skills and an appreciation of overall goals of the HCA mission. PDSS team members should have excellent communication and interpersonal skills. Ignorant comments spoken in jest during the PDSS can cause the HN to become guarded and could negatively affect accomplishment of the mission's objectives. The first impression is the lasting impression. If the HCA organization has an individual who speaks the HN's language, that individual should be assigned to the PDSS if supportable. The HN will view the PDSS team as representatives of the HCA organization.

Goals for the PDSS include:

1. Develop relations and coordination with the country team, HN government, HN military, and infrastructure officers.
2. Develop relations and coordination with resident HCs to assist in understanding the patient population and what activities would benefit the community most without duplicating efforts.
3. Develop relations and coordination with USAID office in the HN (if applicable) and the Navy attaché.
4. Identify potential sites where efforts will likely result in HCA mission desired effects.
5. Review port(s), BLSs, and HLZs for sea-base compatibility and sea base-to-shore movement.
6. Assess the overall threat condition. This should include a report on all the potential issues that may arise concerning FP. Hand-held photos should be taken of all potential HCA sites to include the structures, tree lines, and flight obstacles. Potential HLZs/BLSs should be identified. Routes and alternate routes to and from each site should also be identified.
7. Conduct site surveys of all potential HCA activity sites. In the course of meetings with local government officials, the PDSS team should develop a clear idea of the HN's specific goals and concerns. Often, HNs will have already identified activity sites. Visiting these sites during the PDSS will help identify potential obstacles. Survey several alternative sites; unforeseen factors could cause an initial site to become inadequate. For example, the local government may desire to host a MEDCAP at a school. However, after a brief visit, it may become obvious that the building would not be suitable for a large-scale MEDCAP.
8. Find the obstacles that might not be obvious from off-site surveys and work with the AMEMB, consulate, and HN to find the best solution. Careful attention should be paid to establishing reasonable expectations between the United States and HN representatives.

Note

PDSS teams need to avoid overcommitment to avoid later HN disappointment at a perceived nondelivery of promised services.

9. Develop a conceptual detailed daily plan for the ashore location to serve as a planning aid.
10. Identify and resolve any irregular requirements or potential logistical challenges, such as prefabricating engineering materials and delivering of intermediary barges that are not available in either the HCA ashore location or possibly the HN.

3.7.2 Predeployment Site Survey Team Composition

The HCA commander assigns personnel to the PDSS team. These assignments are made after consultation with the transportation, medical, and engineering leadership. Each HCA ashore location is unique. Accordingly, the composition of the PDSS team is also unique. Typically, the PDSS team will have the following membership:

1. Team leader
2. Operations planner
3. Medical planner
4. Engineer planner
5. CA planner
6. PA planner
7. Logistics planner.

Depending on the anticipated requirements, it may be beneficial to have additional personnel included on the PDSS team. However, “bigger” is not necessarily better, as a large team increases the potential to confuse the HN if conflicting messages are communicated by various team members. As the PDSS size increases, it is vitally important to ensure that the PDSS team leader speaks for the entire PDSS team. Failure to speak in “one voice” will leave the HN confused and may inadvertently create false representation of what the HCA mission can realistically accomplish. Additional members of the PDSS team may include the following personnel as necessary to determine suitability of landing zones, security, etc.:

1. LCU/LCAC craftmaster
2. Beachmaster
3. Aviation (helicopter) planner
4. NCIS agent
5. Fleet industrial supply center (FISC) contracting officer (if not already serving as the logistics planner)
6. COMREL civic action program planner
7. FP officer (for higher-threat areas)
8. Translators if required/available.

3.7.2.1 Predeployment Site Survey Team Leader Responsibilities

The PDSS team leader is normally the senior-ranking officer of the PDSS team. This can change depending on the experience level of the senior officer. It is the HCA commander's responsibility to designate the PDSS team lead. Typically, team leader responsibilities include:

1. Coordinating activities of the entire PDSS team.
2. Representing the team to the HN. Often, this requires speaking for the entire team during discussions with the HN. As such, the PDSS team leader should be well-versed in the overall objectives, phase objectives, and overall capabilities of the HCA organization.
3. Releasing the daily situation report (SITREP) to the HCA commander.
4. Maintaining daily communication with the HCA commander.
5. Determining the level of HN participation, including HN military, regional/local government officials, and other stakeholders.
6. Identifying through the USAID office, if available, or AMEMB country team, resident HC POCs.
7. Meeting with and determining the level of involvement of resident HCs.
8. Coordinating the involvement of embarked HC and PN military personnel during the sea base visit, to include discussions on credentialing, entry/exit requirements, and attire (PN attire is the respective nation's military uniform).
9. Determining HN limitations on U.S. operations (e.g., Will HN authorize helicopter operations? Are there any constraints on uniforms? Under what conditions may U.S. personnel be armed?).

3.7.2.2 Predeployment Site Survey Operations Planner Responsibilities

The operations planner responsibilities include, but are not limited to:

1. Develop the daily SITREP, to include inputs from each team member.
2. Collect and verify port information to ensure compatibility of the port with assigned sea bases, including:
 - a. Depth of the port
 - b. Pier/port information necessary for sea base CO/master to determine if the sea base will be pierside, at anchor, or underway while HCA activities are executed ashore
 - c. Volume of traffic in port
 - d. Requirements for any additional sea-base support requirements, including regular trash, water, power, tugs, security, and environmental containment collars.
3. Collect HN maps, local charts, transportation info, and other geospatial information.
4. Collect and verify airfield information to determine limitations for fixed-wing operations in the region. Fixed-wing aircraft may provide logistics support, DV transportation, and/or fly-in echelon(s) to augment the embarked forces.

5. Determine and verify potential HLZs and BLSs as well as routes from HLZs and BLSs to HCA sites and the return routes.
6. If a FP planner is not assigned to the PDSS team, establish an initial FP plan. Items to consider:
 - a. What is the overall threat condition in the area?
 - b. Is there a means of limiting access to the pier?
 - c. Will the government/port authority limit access to pier if it is not already limited?
 - d. Is the port commercial or military?
 - e. What would be a potential emergency response (ER) plan from each site?
 - f. What kind of environment is each site located in (mountainous, swampy, densely or sparsely populated)?
 - g. Are local police reliable?
 - h. Is there an expectation for the HN police to provide overall security? Are HN police sufficient to provide security?
 - i. May U.S. personnel be armed?
 - j. What is the vetting process for HN vendor personnel (to be coordinated with AMEMB)?
7. Transportation requirements, including:
 - a. Vehicle requirements.
 - b. Requirements for sea base-to-shore operations via air and surface. (Ensure the HN is capable of supporting all transportation assets organic to the sea base; determine availability of HN/contracted assets to augment organic capabilities.)
8. Determine if any activity sites should be recommended as remain overnight (RON) sites. If RON sites are recommended, direct the logistics planner to develop messing and berthing plans for RON personnel.
9. Ensure the potential project supports the overall objectives and satisfies the legal requirements necessary to be funded under HCA.

3.7.2.3 Predeployment Site Survey Medical Planner Responsibilities

The medical planner often has to plan all four medical activities — MEDCAP, surgery, DENCAP, and VETCAP. The PDSS medical planner ideally has a support team consisting of a senior medical officer and a preventive medicine specialist. If there is room/travel dollars, more expertise can be added.

Diplomacy, cultural sensitivity, logistic awareness, and a working knowledge of all medical directorates are keys to the PDSS medical planning success. In some cases the team may be augmented with other SMEs (dental, surgeons, veterinarians, etc.) as needed. The medical planner's responsibilities include but are not limited to:

1. Serving as the immediate representative of the HCA SMDR/CO MTF.
2. Identifying medical, dental, veterinary, SMEE, surgery, BMET, and preventive medicine activity sites in conjunction with the operations planner.

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3. Identify health-related needs in the region(s).
4. Providing HCA SMDR/CO MTF with a recommended medical force structure (e.g., medical personnel, by specialty, required at each site for accomplishment of mission objectives).
5. Surveying potential activity sites for supportability. Items to review at each site should, at a minimum, include:
 - a. Proximity/access to sea base (for transportation and emergency response plan)
 - b. Proximity/access to nearest trauma center or hospital (for emergency response plan)
 - c. Identification of personnel and material lift requirements from sea base to site
 - d. Ability to support large amounts of personnel
 - e. Requirements/access to food and water for health care providers and patients
 - f. Rooms for surgery, patient treatment, etc.
 - g. Controlled access point for patients entering and exiting
 - h. Identification of a patient waiting area prior to exams
 - i. Requirements for canopies or other weather-avoidance items.
6. Coordinating with local medical officials. Important items to discuss include:
 - a. Level of participation from HN partners in the event.
 - b. Preplanned response in the event of a death during treatment or surgery.
 - c. Access to patient treatment records. (Many nations do not have historical patient records or, if existent, the HN may not grant access to such records.)
 - d. Determination of how patients will be selected and screened (e.g., Does HN expect to determine which patients are treated? Will HN provide prescreening for surgical cases?).
 - e. Limitations or sensitivities the HN may have toward medical treatment (e.g., Are immunizations permitted? Surgeries? Pesticide/herbicide applications?).
 - f. Credentialing of participating health care providers, to include HC and PN participants.
 - g. Provision of aftercare for surgical cases.
 - h. Any special customs requirements (whether certain medications or preventive medical applications are banned from the nation).

Note

Amphetamines are a concern in most countries.

- i. Desire for SMEE/symposiums by medical specialty.

7. Validating planned medical activities supporting the HN's stated medical needs and the HCA commander's objectives.

3.7.2.4 Predeployment Site Survey Engineer Planner Responsibilities

The PDSS engineer planner should be either a senior enlisted Seabee or a CEC officer with HCA project planning experience. This engineer is sourced from NCF detachments, and will have the knowledge, skills, and ability to scope proposed work for NCF. The engineer planner's responsibilities include (but are not limited to):

1. Serving as the immediate representative of the engineering detachment OIC.
2. Identifying engineering activity sites in conjunction with the operations planner, to include repair sites for employment of sea base's crew (e.g., COMREL civic action programs). There is a delicate balance between ensuring employment of all specialties and overcommitment. While identifying sites, it is important to set realistic project goals based on the overall Navy HCA sea-base support period duration, while also allowing for unforeseen delays due to weather or logistics.
3. Identifying NCF manpower requirements (amount of direct labor required to include augmentation of engineering detachment by HN participants and sea base's crew) and material requirements for each engineering project site.
4. Surveying, with PDSS operations planner, potential ENCAP activity sites for supportability. Items to review at each site should, at a minimum, include:
 - a. Proximity/access to sea base and/or nearest trauma center (for transportation and emergency response plan)
 - b. Requirements/access to food and water for participants
 - c. Ensuring the potential project supports the overall objectives and satisfies the legal requirements necessary to be funded under HCA
 - d. Identifying potential physical obstacles at the site that may hinder project completion (e.g., drains located where foundation is to be laid)
 - e. Identifying any preparatory work that must be completed prior to arrival of engineering detachment
 - f. Transportation routes to the activity site, and whether they are navigable by engineering equipment.
5. Coordinating with local public works/engineering officials. Important items to discuss include:
 - a. Level of participation from HN partners during the ENCAP
 - b. Whether there are any HN limitations to engineering projects (e.g., some nations may not permit the use of heavy engineering equipment or have limitations or work restrictions on certain days of the week).
6. Determining engineering materials/equipment contracting requirements and identifying potential sources within the HN. It is important to consider the HN logistical infrastructure and allow for delays in funding authorization, prefabrication time lines when using HN vendors, or delivery of materials from outside the HN.
7. Identifying requirements for follow-up surveys in addition to the planned PDSS visits to the PDSS team leader and chain of command.
8. Identifying personnel and material lift requirements.

3.7.2.5 Predeployment Site Survey Civil Affairs Planner Responsibilities

The PDSS CA planner is a MCAT officer with experience in HCA-type projects who is temporarily assigned to the PDSS team. This officer is sourced from Navy MCAT, and will have the knowledge, skills, and ability to scope proposed work for the MCAT. The CA planner's responsibilities include (but are not limited to):

1. Coordinate translator requirements.
2. Determine significant customs or immigrations requirements that would impact the HCA mission.
3. Serve as COMREL civic action program planner in the event one is not provided for during the PDSS. Items to confirm/identify include:
 - a. Potential COMREL civic action program projects by type (e.g., school visits, athletics, etc.)
 - b. Initial coordination with managers and operators of COMREL civic action program sites (e.g., discuss whether children will be at the school if athletic events are scheduled)
 - c. Visiting each site to ensure suitability for scheduled activity (e.g., verify that there is an actual athletic field if a soccer game is scheduled)

3.7.2.6 Predeployment Site Survey Public Affairs Planner Responsibilities

Success of a Navy HCA sea-base support period is largely measured by public perceptions. Local media is the primary conduit for developing these perceptions. Therefore, knowledge of the HN media market and relationships with people who provide access to persons with influence in these markets is vital. The relatively short duration of the Navy HCA sea-base support periods does not provide enough time to develop this knowledge or relationships. The PDSS PA planner coordinates with the Embassy country team to develop a plan to facilitate the best opportunity for HN media coverage of HCA activities. PA planner responsibilities during the PDSS include (but are not limited to):

1. Establish points of contact (Embassy PA/consulate PA/defense attache's office (DAO)/NAVATT/USAID staffs).
2. Coordinate with the AMEMB or consulate PA office. Items of discussion should include, at a minimum:
 - a. Identify HN restrictions (if any) concerning the media.
 - b. Identify the primary means of communication within the HN (television and/or radios may not be the primary media dissemination tools in some HNs).
 - c. Identify local, national, regional, and international media for the visit.
 - d. Discuss proposed PAG and obtain guidance on messaging.
 - e. Discuss HN and cultural sensitivities or media concerns associated with the HCA mission, particularly male/female interaction, dress, etc.
3. Establish a HN media list, with prioritization and highlighted target outlets.
4. Determine which HN media reach specific target audiences, to include local populations at ashore locations and national media.
5. Build background information on language, circulation, etc., of media outlets.

6. Determine accessibility issues for media and DVs and coordinate ground transportation and shore-to-sea base DV movement with operations and logistics planners.
7. Identify communications issues in each ashore location, to include cell phone reception, Internet connectivity, bandwidth limitations for imagery dissemination, etc.
8. Recommend performance locations/logistics/target audiences for the military band, taking into account force protection considerations and cultural sensitivities.
9. Recommend COMREL activity site locations/logistics/target audiences in coordination with other PDSS team members.

3.7.2.7 Predeployment Site Survey Logistics Planner Responsibilities

The success of an HCA mission relies upon the identification of required material, ideally before the arrival of the Navy HCA sea base, and the development of a plan to procure and distribute the material when it is required. A visit to the HN before the Navy HCA sea-base support period can assist the logistics planner with the identification of equipment and materials available in the HN. In addition, and perhaps more critical, it provides the PDSS supply/logistics planner with knowledge on especially long lead time procurement requirements for items such as medicine. The PDSS team logistics planner's responsibilities include (but are not limited to):

1. Coordinating with the husbanding agent or contracting officer concerning:
 - a. Sea base's support requirements (including water taxis as required, FP requirements, waste disposal, etc.)
 - b. Ordering prefabricated construction materials and other preparatory engineering work through local contractors
 - c. Ordering/delivery process for materials, including shipping of materials not available locally
 - d. Timely submission of cost estimates from husbanding agent to the HCA commander's logistics officer.
2. Determining logistic supportability of site requirements.
3. Identifying any specific HN customs requirements for transport of supplies.
4. Identifying "lead time" for delivery of materials.
5. Determining requirements/access to food and water for participants.
6. Determining RON supplies (e.g., sleeping quarters, cots, netting, generators, bottled water, etc.).

3.7.3 Advance Team

Approximately 30 days (10–14 days for a very limited–scope HCA event) prior to the arrival of the HCA organization, an advance team should deploy to liaison with the U.S. country team, HN government, and local HC representatives. Ideally the advance team is composed of personnel who were assigned to the PDSS team for this location.

The advance team serves as the HCA commander's liaison officer(s) (LNOs) during the final planning stages. Selection of the advance team is critical. Advance team members must be able to take initiative and be capable of performing multiple tasks in a changing environment. Furthermore, the advance team must personally be capable of interacting with the HN government officials and civilians as these relationships are vital to the quick resolution of emergent problems. As the sea-base visit nears, there is a significant amount of information that

must be relayed between the sea base, HN government, and military higher headquarters staffs. A strong advance team can help guarantee success, but a weak advance team can single-handedly cause mission failure.

The role of the advance team is to ensure that “no stone is left unturned” in the planning cycle. The advance team is ultimately responsible for the coordination and preparation of all facets of HCA activities in the respective region. Additionally, the advance team must be familiar with the procedures and customs of the HN as well as reviewing lessons learned and after-action reports from previous visits to the HN. This will prove invaluable as the sea-base visit approaches; the advance team can provide the background necessary to avert misunderstandings from becoming a crisis.

As the time nears for the HCA organizations’ arrival, the advance team may grow to include additional planners. These additional planners act as the sea base’s ashore liaison element, commonly called a “beach detachment,” composed of medical, preventative medicine, logistics, and FP personnel. The beach detachment personnel assist the advance team in the final planning stages prior to the sea base’s arrival. In most instances, these personnel will arrive after the final coordination meeting with the HN government has occurred.

3.7.4 Advance Team Composition

The HCA commander assigns personnel to the advance team. These assignments are made after consultation with the transportation, medical, and engineering group leadership. Ideally, members of the advance team will also be members of the PDSS team. Each HCA ashore location is unique; accordingly, the composition of the advance team is also unique. Typically, the advance team will have the following membership:

1. Operations representative
2. Medical representative
3. Engineer representative
4. PA representative.

The advance team is intentionally small. The role of the team is one of validation versus detailed planning. The team validates PDSS planning. During HCA missions with multiple sequential ashore locations, multiple advance teams deploy simultaneously. If personnel resources and funding are available, consideration should be made to augment the typical advance team with beach detachment personnel, specifically logistics, FP, and MCAT representatives.

3.7.4.1 Advance Team Operations Representative Responsibilities

The operations representative is also the advance team leader, regardless of rank, and serves as the HCA commander’s direct representative in the HN prior to, during, and after the sea-base visit. The operations representative should be well versed in sea-base and aircraft-operating requirements as well as having an overall understanding of medical and engineering requirements. The operations representative should become familiar with the US/HN SOFA/visiting forces agreement (VFA), if one exists, to ensure reciprocal obligations are met (claims, criminal jurisdiction, port fees, taxes, overflight charges, crew list, weapons, etc.).

The operations representative is responsible for the overall management of the advance team. As such, the operations representative must ensure all efforts of the advance team are synchronized and operating with the same goals and agendas. At a minimum, the operations representative should:

1. Provide a daily SITREP to the HCA commander. SITREP should include inputs from each member of the advance team.
2. Coordinate with the HN government to ensure:

- a. Approval of diplomatic clearance (to include approval of all mobility assets — helicopter, small boat, etc., or any limitations to use of such assets).
 - b. Authorized uniforms for activity sites. At a minimum, this should be listed by U.S. military, HC, and PN personnel. Some nations permit U.S. military to wear certain uniforms and restrict others (e.g., camouflage. Additionally, the HN may permit U.S. military uniforms ashore, but not authorize PN military uniforms).
 - c. Liberty requirements or restrictions (as applicable).
 - d. Response plan to liberty incidents. (This is especially important in nations that do not yet have a SOFA or VFA with the United States.)
 - e. Policy for HCA personnel carrying weapons at HCA activity sites during the mission.
3. Confirm the following with the port authority, if a logistics representative not included on advance team:
- a. Pier/anchorage assignments as applicable
 - b. Anticipated traffic in the pier during the sea-base visit
 - c. Determination of any port fees if not addressed in the SOFA
 - d. Requirements/authorizations for use of intermediary barges
 - e. Requirements for advanced notice of movement (e.g., LCU, LCAC, etc.), as applicable
 - f. Pier certifications, lighting structures, supportability requirements.
4. Coordinate any customs/immigrations requirements with the appropriate HN authorities. Any customs/immigrations requirements should be closely coordinated with the HCA commander's SJA and DOS FSLO to ensure compliance with U.S. policy on sovereign immunity of naval vessels and SOFA requirements. The following items should be discussed with local authorities and relayed to the SJA as soon as possible:
- a. Customs declarations or requirements for the sea base upon arrival
 - b. Confirmation with HN that a crew list of U.S. military members will not be provided upon sea-base arrival
 - c. Entrance visa requirements for HC and PN personnel
 - d. Customs requirements for all material going ashore (e.g., medication, medical gear, engineering supplies/equipment, donated material, etc.).
5. Follow up with HN to ensure receipt and processing of paperwork requiring prior coordination (e.g., customs list of materials and medication).
6. Visit each activity site:
- a. Verify there are no significant changes to the site since the PDSS visit (e.g., ensure roads leading from BLS to site are still operational).
 - b. Confirm there are no other events scheduled at the site (e.g., if the MEDCAP will be held at a school, clarify whether there will be students in each of the classrooms).

- c. Confirm the manager/operator at the site is aware of the project and any necessary prior coordination or requirements (e.g., if repairing the roof at a site, does the ENCAP team need furniture moved in advanced or will the ENCAP team facilitate?).
 - d. Proximity (and access) to sea base in the event of an emergency recall of personnel.
7. Visit all HLZ and BLS to verify supportability:
- a. Confirm there are no obstacles to landing.
 - b. Determine potential risks of collateral damage (e.g., will rotor wash blow over structures toward the end of the landing zone (LZ?).
 - c. Determine any preparation requirements (e.g., does the beach need to be leveled prior to LCU/LCAC arrival?).
 - d. Determine HLZ/BLS composition (e.g., helicopter can land on crushed coral HLZ, but depending on HLZ construction this may present a hazard to personnel due to rotor wash).
8. If an MCAT representative is not assigned to the advance team:
- a. Act as the COMREL civic action program advance team until the COMREL advance team member arrives.
 - b. Finalize the overall interpreter requirements for each activity (e.g., MEDCAP, ENCAP, COMREL civic action program, etc.) site, and date. Ensure these requirements are provided early enough to be sourced. For example, MEDCAPs require interpreters with a capability to translate medical-specific terminology.
 - c. Act as the HCA commander's principal LNO with resident HCs. Resident HCs can provide background experience and guidance on government policies and procedures. However, HCA missions may incorporate multiple HC organizations during the HCA mission; their activity efforts should not focus solely on the support of any specific resident HC.
 - d. Coordinate with the HCA commander's designated donated material turnover coordinator to develop a plan for turnover of donated material.
9. Finalize ground transportation requirements. Ground transportation plan should satisfy all requirements for:
- a. Transport of all personnel to/from the activity site daily (unless they RON)
 - b. Transport of materials required for each activity site
 - c. Transport of media, PA, DVs, as required
 - d. Force protection requirements along transportation routes
 - e. Transport of personnel/materials, as required, from airports near the ashore location
10. Serve as the FP advance team, unless one is provided.
11. Coordinate the deployment, assimilation, and redeployment plan for all individuals arriving or departing during the Navy HCA sea-base support period in the HN.
12. Coordinate deployment, assimilation, and redeployment of advance team augmentation. At a minimum:

- a. Ensure airport pickup of HC volunteers, PN, and/or U.S. military augmentees.
 - b. Brief additional team members on HCA plan for the ashore location.
 - c. Ensure team is provided a tour of sites by the respective advance team counterpart.
13. Conduct postassessment and departure briefings with the HN upon completion of the sea-base visit.

3.7.4.2 Advance Team Medical Representative Responsibilities

The medical representative serves as the SMDR/CO MTF's direct representative in the HN before, during, and after the sea-base visit. Medical representative responsibilities include (but are not limited to):

1. Coordinate with the local health officials regarding:
 - a. Requirements for credentialing of medical personnel
 - b. Status of surgery authorization and prescreening
 - c. Status of preventive medical activity authorization
 - d. Preplanned response in the event of a patient death
 - e. Preplanned response in the event a patient needs emergency follow-on care outside the abilities of the sea base and/or MEDCAP organizations expertise
 - f. Whether access to patient historical medical records will be granted
 - g. Whether HN requires/desires copies of medical diagnosis from MEDCAP, DENCAP, etc.
 - h. Referral process for patients requiring specialized follow-on care for chronic illness or disease
 - i. Customs requirements for medication (to include whether certain medication will not be authorized)
 - j. Customs requirements for medical gear to include any adapter requirements for electrical plugs
 - k. Method of patient selection (e.g., Does HN Ministry of Health expect to select all patients or will mission medical staff make the determination?).
 - l. Any customs, sensitivities, or social taboos that the medical personnel should be aware of that could affect patient treatment
- m. How patients will arrive for treatment
 - n. If a logistics representative is not assigned to the advance team, access health/sanitation declaration documentation that the HN requires for a vessel entering its port.

Note

Provide documentation requirements to the HCA commander's SJA for review prior to agreeing to provide this documentation.

2. Conduct site surveys for MEDCAP, DENCAP, preventive medicine, and VETCAP activities. At a minimum, the following items should be verified:

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- a. Activity site manager is aware of requirements necessary to support activity (e.g., rooms used for MEDCAP cannot also have students scheduled in them).
 - b. Food and water requirements for activity personnel, if a logistics representative is not assigned to the advance team.
 - c. Site layout during activity to include patient waiting area, MEDCAP treatment area, requirements for tables and/or chairs.
3. Conduct site surveys for SMEE or symposiums. At a minimum, the following items should be verified:
- a. Classroom/clinic size suitable to support the activity and audience.
 - b. Requirements, if any, for audiovisual equipment to include what type of adapters are needed for electrical plugs (110V/220V).
 - c. Ensure site manager/operator is aware of any support requirements so that the site is not scheduled for other activities during a symposium.
 - d. Need for additional inclement weather requirements if the event will be held outdoors.
 - e. If a logistics representative is not assigned to the advance team, coordinate transportation plan with the operations advance team representative regarding:
 - (1) Personnel movement requirements for all medical, dental, and veterinary activities
 - (2) Vehicle requirements for setup, breakdown, and movement of gear from one activity site to another.
4. If a MCAT representative is not assigned to the advance team, confirm interpreter requirements are clearly defined to the operations advance team representative. Ideally, interpreters at medical activity sites should have some understanding and experience with medical terminology.
5. Ensure any necessary patient forms are translated prior to sea-base arrival.

3.7.4.3 Advance Team Engineer Representative

The engineer representative serves as the engineer OIC's direct representative in the HN before, during, and after the sea base's visit. Ideally, the engineer representative is the PDSS engineering planner. The engineer representative should be familiar with all organic engineer capabilities and should also have a basic understanding of the process to acquire logistics and materials. Engineer representative responsibilities include (but are not limited to):

1. Confirm status of ordered construction materials in coordination with HCA commander's logistics staff (e.g., ensure ordered prefabricated materials are progressing according to agreed schedule).
2. Ensure the scope of work is clearly defined and understood by both the United States and HN.
3. Conduct site visit of all ENCAP activity sites. At a minimum, the following items should be confirmed:
 - a. Required preparatory work is proceeding according to schedule, as agreed during PDSS and as applicable.
 - b. HN government has authorized work on the site (as applicable).
 - c. The scope of the project has not changed.

- d. Prepositioned materials are safely stored on site.
4. Clearly define the transportation plan to the operations advance team officer regarding:
 - a. Personnel movement requirements for all activity sites
 - b. Vehicle requirements for transportation of materials.
 5. Confirm interpreter requirements have been clearly outlined to the operations advance team officer.

3.7.4.4 Advance Team Public Affairs Representative

The PA representative is essential to ensuring public communication is effectively integrated among all organizations involved. As described earlier, PA is pivotal toward achieving the legal requirement that HCA activities further the foreign policy interests of the United States. The PA advance team officer should arrive in country at least 14 days prior to the sea base's arrival and depart no earlier than the day after the sea base departs. PA representative responsibilities include (but are not limited to):

1. Coordinate with the AMEMB PA to determine:
 - a. Guest lists for opening and closing ceremonies, official receptions, and DV sea-base tours
 - b. Background topics that are not related to the event, but that may be mentioned during interview sessions
 - c. The predominant means for dissemination of information to the local HN populace (i.e., print media, internet, radio, or television)
 - d. Embassy DV itinerary for the event.
2. Work with other advance team members to finalize PA issues related to COMREL civic action program activities such as:
 - a. Military music engagements
 - b. Media day for the sea base
 - c. Media and DV visits to civil action program activity sites
 - d. Donated material turnover ceremonies
 - e. Opening and closing ceremonies.
3. Provide media monitoring coverage to event public affairs officer (PAO) and other PAOs as directed.
4. Provide PA input to the daily SITREP including the day's COMREL civic action program events, media activity, and events scheduled for the next 96 hours.
5. Develop and provide the PAO with a schedule of events including civic action programs, COMREL civic action program activities, such as band performances, DV tours, ceremonies, and media coverage scheduled for each day while in the HN.
6. Prepare scripts for the HCA commander for opening and closing ceremonies. If the HCA commander speaks the language of the HN, prepare scripts in English and HN language.

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7. In coordination with the HCA commander's logistics staff, complete logistics planning and facilitation for opening and closing ceremonies.
8. Coordinate media coverage of donated item turnover ceremony(ies).
9. Provide HN government officials photos and videos for use on the official mission Web site.
10. Ensure media transportation requirements are clearly defined for the operations advance team.
11. Coordinate media coverage for all aspects of the HCA mission.

3.7.4.5 Advance Team Augmentees

As the time nears for the main force's arrival, the advance team may grow to include additional personnel. These additional planners fill the traditional "beach detachment" roles (logistics, FP) and also assist the advance team in the final planning stages prior to the sea base's arrival. In most instances, these personnel will arrive after the final coordination meetings with the HN government have occurred.

These additional planners could include "assistants" to the operations advance team officer, medical advance team officer, and engineer advance team officer. In addition, the following augmentees are typically sent to support the advance team:

1. FP representative. The FP representative is responsible for the overall protection and risk-mitigation plan of HCA personnel. It is critical that the FP representative develops a working relationship with the local HN police department and other security officials prior to the sea base's arrival so that preplanned responses are developed and coordinated properly. For those areas that are in a lower FP threat condition, the operations advance team officer can serve as the FP representative. FP representative responsibilities include (but are not limited to):
 - a. Develop and coordinate overall FP plan for the ashore location.
 - b. In coordination with the HCA commander's logistics staff, ensure all items from the FP LOGREQ are supportable by the husbanding agent, local security officials, or other applicable agencies.
 - c. Visit each program activity site and determine the nearest safe "rally point" in the event the threat condition is elevated.
 - d. Ensure the advance team's operations representative and HCA commander's logistic staff are aware of all FP ground transportation requirements.
 - e. Determine the number of FP personnel required at each HCA activity site.
 - f. Ensure FP personnel are briefed and understand security requirements at each site. At a minimum, this should include:
 - (1) Arrival and departure time
 - (2) Most recent threat assessment (unclassified if HN personnel are providing security)
 - (3) Rally point if threat condition is elevated
 - (4) Primary and alternative evacuation routes.
2. Logistics representative. The logistics representative is the direct representative of the HCA commander's logistics officer. Responsibilities of the logistics representative include (but are not limited to):

- a. Ensure logistics officer assigned to the HCA commander receives all bills of material (BOMs) with sufficient time for review, requisition, and delivery.
 - b. Verify that all prefabricated materials are manufactured according to schedule.
 - c. Serve as the single POC for advance team material orders.
3. COMREL civic action program representative. The COMREL assistance program representative is the direct representative of the individual assigned by the HCA commander to manage this activity, typically the MCAT OIC or the chaplain. For those ashore locations with a low number of COMREL civic assistance program activities, the operations advance team officer can serve as the COMREL civic assistance program representative. The COMREL civic action program representative responsibilities include (but are not limited to):
- a. Finalize coordination of all COMREL civic action program sites. At a minimum, the following items must be confirmed:
 - (1) COMREL civic action program activities have been confirmed with the site manager.
 - (2) COMREL civic action programs are supportable at the site (e.g., that there is a soccer field available if the COMREL program event is a soccer match).
 - (3) Adequate supplies have been ordered and will be delivered on site, on time. This is done in coordination with the advance team logistics representative.
 - b. Coordinate with the COMREL civic action program manager (e.g., MCAT leader or the HCA commander's chaplain) to ensure personnel requirements are known on the sea base.
 - c. Define ground transportation plan for the advance team logistics representative to ensure the following are clearly understood:
 - (1) Transportation requirements for personnel participating in COMREL civic action program activities
 - (2) Transportation requirements for all COMREL civic action program activity equipment.

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CHAPTER 4

Humanitarian and Civic Assistance Planning

4.1 HUMANITARIAN AND CIVIC ASSISTANCE PLANNING OVERVIEW

The HCA planning cycle can range from a few months to over a year. Planners must educate themselves on the customs and background of the respective HN as well as the intricacies of U.S. political/military policies. While most HNs are very appreciative of Navy HCA efforts, they still want to ensure their national sovereignty is maintained. The most successful HCA will be delivered “by, with, and through” HN partners, building the HN government’s capacity and legitimacy in the eyes of the populace.

The CCDR’s theater campaign plan identifies the strategic objectives and goals for the HCA mission in the CCDR’s area of responsibility (AOR). The theater campaign plan also designates which Service component commander will be its supported commander for each HCA mission. For Navy HCA missions the NCC designates a NCC staff person responsible for its planning, coordination, and execution.

The NCC staff person responsible for HCA mission planning, coordination, and execution spearheads development of an operational CONOPS through the NCC’s MOC. The operational CONOPS captures operational objectives and goals, the NCC’s mission statement, and the force movement plan. Other information typically contained in the operational CONOPS includes background information on each country to be visited, resident HCs, and HN healthcare issues and priorities. The operational CONOPS is approved by the CCDR. Upon CCDR approval of the operational CONOPS detailed tactical planning commences. The NCC staff person responsible for HCA mission planning, coordination, and execution also spearheads the initial tactical planning effort. The NCC staff person responsible for HCA mission planning, coordination, and execution gradually relinquishes planning responsibilities to the HCA commander’s staff. It is critical for the HCA commander to assume responsibility for tactical planning with an understanding of the HCA tasking and staff augmentation.

At the tactical level, the HCA commander uses the NPP to develop the HCA tactical CONPLAN. This CONPLAN and supporting annexes evolve as the needs of the HN are identified and HCA organization capabilities are established. HN needs are identified and defined through coordination with the AMEMB, HN, and the PDSS and advance team deployments. HCA organization capabilities are defined through identification of U.S. military participants and coordination with HC, PN, and interagency participants. In addition to the HCA tactical CONPLAN, the HCA commander must also craft an HCA tactical CONOPS for each ashore location. The HCA tactical CONOPS provides specifics for the individual ashore location and planned HCA civic action program activities. Typically the tactical CONPLAN is developed prior to the sea base’s departure from home port and updated following departure, while the tactical ONOPS is developed just prior to arrival of the Navy HCA sea base. The tactical CONPLAN is used by the HCA commander and staff to prepare for the HCA mission. The tactical CONOPS is used by the HCA commander and staff to execute the HCA mission.

4.2 DEFINING THE HUMANITARIAN AND CIVIC ASSISTANCE OPERATIONAL ENVIRONMENT

The HCA operational environment is defined as its planning progresses from the operational to the tactical level of command. An example of this incremental definition is the selection of shore locations for HCA civic action program activities. The CCDR identifies the country. The Navy component/numbered fleet commander identifies

possible shore locations. The HCA commander, after coordination with the AMEMB and HN, specifies the shore locations and waters in which the sea base will operate.

One key tool to assist the planning staff with defining the HCA operational environment is reviewing lessons learned, post-HCA mission briefs, and other documentation from previous HCA missions. This will alleviate the potential for repeating mistakes and provide mitigation tools to lessen challenges faced in the past. However, what worked once may not work again. In addition, lessons learned for one location may or may not be applicable to another, even for locations in the same country. The only way to accurately define the HCA operational environment is through the PDSS and advance teams.

4.3 HOST NATION COORDINATION

The most crucial planning that must be accomplished is to coordinate with the HN(s) that will be visited during the HCA mission. The importance of timely, proactive, and consistent coordination cannot be understated. When evaluating a proposed HCA activity, the NCC country desk officers normally begin communication with the AMEMB in the prospective HN. Typically, the NCC also does the initial coordination with the USAID Office of Military Affairs in Washington DC. The country desk officer, either the NCC or the numbered fleet, and the NCC staff person responsible for HCA mission planning, coordination, and execution, are responsible for coordinating approval for HCA activities with the AMEMB country team, HN government, and USAID well in advance of the sea-base visit. During execution, the HCA commander is the primary conduit for Navy, U.S. country team, and HN government coordination. MCAT augment is trained in HN coordination and can assist the HCA commander.

4.3.1 Coordination With U.S. Agency for International Aid

USAID is the U.S. federal government organization responsible for most nonmilitary foreign aid and receives foreign policy guidance from the U.S. Secretary of State. USAID advances U.S. foreign policy objectives by supporting economic growth, agriculture and trade, health, democracy, conflict prevention, and HA.

USAID serves as a critical link between the NCC staff person responsible for HCA mission planning, coordination, and execution, HCA planners, and resident HC. The agency works in 100 developing countries and in close partnership with private voluntary organizations, indigenous groups, universities, American businesses, IO, other governments, trade and professional associations, faith-based organizations, and other U.S. government agencies. USAID has working relationships, through contracts and grant agreements, with more than 3,500 companies and over 300 US-based private voluntary organizations.

To cooperate better with the military, USAID's Office of Military Affairs has established an exchange program with the CCDRs whereby a senior development advisor is sent to the CCDR staff in exchange for a uniformed liaison officer in the USAID Washington DC office. The USAID senior development advisor provides a window into the development activity going on in the region and acts as an advisor to the CCDR on the implications of military missions on the development arena.

When the HCA mission is in country/countries in which there are USAID offices, USAID is the most appropriate avenue at the U.S. government interagency level for the Navy to work with in-country HC and USAID implementing partners on existing and ongoing development assistance projects. The NCC/HCA commander should begin coordinating with USAID as soon as the HNs are identified, notional dates are set, and the platform is identified.

The most effective way to coordinate with USAID is to contact the USAID senior development advisor assigned to the applicable CCDR or the CCDR's Office of Military Affairs representative in Washington DC to set a USAID coordination meeting before the NCC CONPLAN is issued. This will ensure all of the relevant USAID stakeholders at the headquarters and in-country mission level are brought together up front, thereby minimizing multiple and redundant discussions. Such coordination also gives USAID the opportunity to provide an input on which countries should be visited based upon U.S. foreign policy objectives, the type of mission, and the capabilities that will be deployed.

During tactical planning the HCA commander should set up a follow-up discussion with the USAID mission staff in each selected HN being visited to continue the dialogue from the USAID coordination meeting. This discussion should address the notional “menu” of capabilities that the Navy plans to deploy so that the USAID mission staff can begin reaching out to its in-country network to find the appropriate in-country HCs, USAID implementing partners, and development assistance projects to tie into.

4.3.2 Coordination With the American Embassy

The AMEMB for the respective HN plays an integral role in the overall success of the operation, as it has the ability to facilitate more in-depth coordination with the HN government. The U.S. Ambassador (O-10 rank equivalent) is charged by the President to manage all aspects of the United States relationship with the country to which he or she is posted. The Ambassador has veto power over operations of all U.S. agencies and must be kept informed of plans and progress. The AMEMB country team provides official U.S. representation in the HN and has overall responsibility for the US-HN liaison. Planners should consider their recommendations for sites, projects, visit duration, local partners, PA themes, and supporting talking points.

HCA planners establish a close rapport with the AMEMB country team, especially the Joint U.S. Military Advisory Group (JUSMAG), defense attaché (DATT), and/or naval attaché (NATT). Typically, the country team will designate a single POC (normally the DATT or NATT) to support and coordinate the HCA mission. The AMEMB country team is intimately familiar with customs, history, and subtleties of their HN and can assist HCA planners in navigating important local issues.

The AMEMB country team can also identify/mitigate potential planning conflicts with HNs due to sensitive dates such as elections, religious holidays, and other national events that could adversely affect the HCA mission. Finally, the country team often has experience with prior sea-base visits and is aware of historic precedents. Several sovereign immunity issues, such as crew lists and visa requirements, are likely to arise during planning meetings with the HN. For these and other similar issues, the country team, in coordination with the HCA commander’s SJA, will be able to ensure that HN requirements are met while not establishing a diplomatic precedent, nor violating U.S. positions with regard to international law issues.

Just as the AMEMB country team designates a single POC, it is important for HCA planners to establish a formal process to centralize their requests for information (RFI) and feedback. While it is imperative for all echelons to be kept informed of the planning status, experience has shown that the HCA commander should be authorized direct liaison (DIRLAUTH) with the AMEMB country team to facilitate quick resolution of issues. Other avenues for liaison with the AMEMB country team include the NCC policy advisor (POLAD) and country desk officers, and CCDR POLAD, country desk officers, and military augmentation teams.

4.3.2.1 Policy Advisors

The POLAD is a DOS liaison assigned to the CCDR/NCC staffs. The POLAD is a critical element in the planning and execution of any HCA mission. The POLAD’s early involvement will aid planners by communicating the proposed event to embassies and consulates to solicit interest by the country as either a HN or PN or both. The POLAD assists by identifying key AMEMB or consulate personnel who can serve as a POC in each country and also serves as the point of entry into the DOS to arrange for a FSLO to be attached to the HCA commander’s staff during Navy HCA sea-base support periods. Requests for FSLO support should be made no later than 180 days prior to the start of the HCA mission.

FSLOs serve as personal assistants to the HCA commander, and they advise the commander and staff on the political and cultural aspects of the HCA mission. They are the liaison between the Embassy political department and the HCA commander. FSLOs are expected to be proactive in anticipating potential pitfalls, seeking information, and developing recommendations. FSLOs help the commander and staff maximize the opportunities afforded by engaging with local communities, and minimize misrepresentations of U.S. intentions. A lack of knowledge about political personalities and local culture and customs can result in serious misunderstandings about the purpose of the actions and the nature of those participating in HCA. The FSLO serves to prevent such mistakes from occurring or minimize negative reporting. The FSLO will also assist with passport and visa issues

that arise for PN participants, HC volunteers, and U.S. military personnel during the HCA mission. Such responsibility includes procuring entry and/or exit passport stamps for personnel arriving into or departing from the HN via a U.S. military vessel. The FSLO may also be tasked with providing a list of HCA mission personnel to the AMEMB to facilitate arrival and/or departure into the HN via commercial airlines.

4.3.2.2 Navy Component and Combatant Commander Country Desk Officers

Country desk officers at Navy component and geographic combatant commands are SMEs on the U.S. military's relationship with a particular country in the CCDR's AOR. They provide their commander and staff a ready repository of knowledge about the country, its military and political institutions, and personnel. They regularly visit the country and maintain close liaison with Embassy JUSMAG, DATT, and NAVATT, if assigned, in addition to collecting data from all possible sources.

For HCA activities, country desk officers are primarily used during CONOPS development and review. They provide information and serve as a liaison for the NCC/CCDR with DATTs/NAVATTs and international policy directorates at other headquarters. Country desk officers proactively use in-country contacts and their AMEMB country team to provide feedback on planner RFI. In addition, they process RFIs from the NCC/CCDR and the DATTs/NAVATTs and other stakeholders.

Country desk officers assist the HCA commander's staff with establishment of contacts in the HN. They are also a resource used by this planning team to gain understanding of the operational environment prior to the PDSS teams' deployment.

4.3.3 Predeployment Site Survey and Advance Teams

The PDSS and advance teams are the primary means the HCA commander has to coordinate with the HN prior to arrival. The information collected by these teams provides the foundation of the HCA commander's plan for the HCA ashore location. The HCA commander ensures funding is designated to support team members' travel orders (for flights and per diem) and for any special logistics support requirements. Appendix E provides checklist templates that the HCA commander's staff should tailor for the specific HCA ashore location. The staff can review the checklist, provide answers to those items that are already known (e.g., commander's intent), remove items not applicable to this HCA ashore location, and add items as needed.

In addition to tailoring these checklists, a successful PDSS or advance team visit to the HN starts with thorough preparations and identification of translator support. When preparing for the visit these teams should consider:

1. Attire
2. FP
3. Material support
4. Medication/immunizations
5. Travel documentation (e.g., no-fee passports and visas).

Prior to departure the PDSS team leader shall brief the HCA commander in order to detail the team's knowledge of the mission and planning team information requirements; these discussions should outline the logistics support the team will receive while in the HN, and also how the commander will exercise C2 of the team while it is in the HN.

4.3.3.1 Predeployment Site Survey/Advance Team Attire

As representatives of the U.S. government, PDSS/advance team members should dress according to recommendation of the AMEMB/consulate country team. Dependent upon cultural sensitivities or threat

conditions of the HN, uniforms may or may not be worn during the PDSS and advance team period prior to the sea base's arrival. Uniform and civilian clothing requirements should be clearly delineated by the team leader prior to the team's departure to the HN.

During the Navy HCA sea-base support period, the HCA commander may have advance team members wear a distinct uniform item that provides a means to distinguish them from sea base's company. Typical distinct uniform items include ball caps, colored shirts, or armbands. The distinct uniform item provides a means to distinguish the advance team from the sea-base personnel. This will facilitate both U.S. personnel as well as HN officials in ensuring the proper individual quickly receives necessary information.

4.3.3.2 Predeployment Site Survey/Advance Team Force Protection

Combatant, Navy component, and numbered fleet commanders establish predeployment FP requirements. If the team is traveling to a designated joint operations area (JOA), planners must check with the joint task force (JTF) to determine any additional requirements. Additionally, travel to high-threat/combat areas requires significant precoordination and may have additional predeployment requirements in accordance with service policy.

Fulfillment of these requirements can take a significant amount of time. For example, PACOM requires travelers complete an individual antiterrorism plan (IATP) and isolated personnel report/evasion plan of action (ISOPREP/EPA) prior to departure. If the entire group is traveling on the same itinerary, team members may be included on a consolidated IATP. The IATP and ISOPREP/EPA process requires completion of antiterrorism (AT) awareness training and a local threat briefing by the unit AT officer.

The HCA commander and staff need to determine which requirements exist for each HN where the HCA mission will be conducted. Each PDSS/advance team member needs to be advised of the requirements for the visit. Ideally, the HCA commander can arrange for all team members to complete the predeployment requirements together.

4.3.3.3 Predeployment Site Survey/Advance Team Material Support

PDSS members should deploy with appropriate equipment/supplies to accomplish their tasking. In addition to those items typically taken for overseas travel (e.g., clothing/toiletries), PDSS and advance team members should consider the following:

1. Laptop computer (preferably non-Navy Marine Corps Intranet (NMCI) with wireless connectivity) with the ability to create and read compact discs (CDs)
2. Blank CDs
3. Digital camera (with ability to interface with laptop)
4. Hand-held global position system device
5. Internationally capable cellular phone (compatible with cellular phone system(s) in HN)
6. Insect repellent (N, N-diethyl-m-toluamide (DEET) & pyrethrum)
7. Waterproof sunscreen
8. Raingear
9. Travel pillow and lightweight blanket
10. Notebooks and pens

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11. Iridium phone
12. Water purification tablets
13. Basic medicines, to include Imodium
14. Knowledge of HN poisonous/dangerous insects, reptiles, and plants
15. Local currency for unexpected costs.

4.3.3.4 Predeployment Site Survey/Advance Team Medication/Immunizations

An HCA mission typically occurs in underdeveloped regions of the world. These locations often have very poor preventive medicine programs and suffer from a wide range of diseases. Prior to departing to the HN, each member of the team should be medically screened to ensure necessary vaccinations are either current or administered. In addition, it is common that PDSS and advance team members are ordered to take medications during their time in the HN.

4.3.3.5 Predeployment Site Survey/Advance Team Travel Documentation

The PDSS and advance teams should make every effort to travel together. Typical travel documentation required by these teams includes theater clearance from the respective CCDR, country clearance from the respective AMEMB, official passports, visas, and travel orders.

Note

Aircraft and Personnel Automated Clearance System (APACS) is a Web-based system to obtain theater clearance into foreign countries: <https://apacs.dtic.mil/apacs/apacsservlet?cmd=apacsLogin>. Entry requirements for every country can be found in the foreign clearance guide, which can be viewed at: <https://www.fcg.pentagon.mil>.

The HCA commander requests country clearance from the respective AMEMB for PDSS and advance team members. This ensures the AMEMB not only knows which individuals are arriving, but also guarantees that visa requirements are satisfied. The country clearance must list each member of the PDSS along with his/her respective security clearance. This is important as security clearance data may be required for access to the AMEMB.

As representatives of the U.S. government, each member of the PDSS shall have an official passport. This will ease obtaining visas when required. Entrance requirements vary by country and by status of traveler (e.g., military, U.S. government civil service, or nongovernment civilian). See the foreign clearance guide for requirements for DOD personnel, and the DOS Web site for requirements for other personnel traveling with the PDSS/advance team. However, some commercial airlines will not allow travel without a passport and/or visa despite a military exemption.

Some nations allow entry visas to be obtained upon arrival; others require visas prior to embarking on the flight. Obtaining the visa can take several weeks, so prior planning is essential.

Travel orders should authorize deviations in travel plan, permitting the team member to be reimbursed for travel to locations not in the original itinerary. Changes to travel are often very difficult in remote regions as many locations still only issue a paper ticket, which prevents a military travel office from issuing any changes to an airline ticket once the member has commenced travel.

Note

Cash payment for airline/train tickets may be required. Ability to use government travel charge card should not be assumed.

4.3.3.6 Predeployment Site Survey/Advance Team Logistics Support

Prior to departure, the team leader should establish liaison with the AMEMB country team POC to identify the following logistics support requirements:

1. Berthing — The AMEMB country team POC will often be able to make group reservations (Embassy rates) at preapproved hotels.
2. Ground transportation — The AMEMB country team may be able to provide ground transportation between the airport, hotel, and AMEMB/consulate. Additionally, the AMEMB country team will be able to provide recommendations and/or arrangements for ground transportation in the HN region(s) to be visited.
3. Other transportation — Individual travelers cannot contract for transportation via chartered flights (either fixed-wing or helicopter) or boats. Should this type of transportation be required, contracting may be secured either through the AMEMB/consulate or FISC.
4. Food/water — The team will normally be authorized per diem. If the team will be going to a remote operating area where commercial meals are unavailable, “field conditions” should be noted on the travel orders, and the team should be issued meals, ready to eat (MREs) and bottled water.

4.3.3.7 Command and Control of Predeployment Site Survey and Advance Teams

The PDSS and advance teams provide essential information needed by the HCA commander and staff to develop the tactical HCA CONPLAN. While visiting the HN it is essential that communications to and from the team and the HCA commander are maintained. The teams need to pass information as it is collected to the commander and typically, after reviewing this information, the commander will have RFIs to pass back to the team.

The PDSS and advance teams often are presented with numerous requests by both the HN government and civilian population. The team does not have the authority to approve or disapprove these requests. The team shall convey to the requester that the request will be researched for suitability and reviewed by the HCA commander. The team working with the AMEMB country team will analyze the request and provide the request with a recommendation to the HCA commander for adjudication. This approach should be used for both complex and seemingly simple requests, as even the “minor” requests may place additional demands on an already aggressive transportation or logistics plan. Mission creep can and will occur unless these policies are followed. In general, planners should “underpromise and overachieve.” Care must be taken not to raise expectations about services to be provided. Unrealistic expectations by the HN may result in suspicion, resentment, and mistrust of the United States.

4.4 HUMANITARIAN AND CIVIC ASSISTANCE TACTICAL CONCEPT PLAN

With the information collected from the PDSS team the HCA commander’s staff can develop the initial HCA tactical CONPLAN. The final HCA tactical CONPLAN and associated annexes are completed just prior to the sea base’s arrival using information collected by the PDSS and advance teams. The HCA tactical CONPLAN and associated annexes should be unclassified so that they may be shared with PN and HC representatives. These readers also require the tactical CONPLAN to be written in standard English. Military slang and acronyms should be avoided to ensure understanding and enhance unity of effort from all HCA mission participants. The HCA tactical CONPLAN and associated annexes should be available in both hardcopy and electronic format.

The HCA tactical CONPLAN provides general information about the HCA mission and activities that will occur during each Navy HCA sea-base support period. The HCA plan uses the standard five basic paragraphs used for all military plans and orders. The following information is contained in an HCA tactical CONPLAN:

Paragraph 1: Situation. In this paragraph the HCA commander summarizes the HCA operational environment, the purpose of conducting the HCA mission, and reason that the HN(s) was selected. This paragraph will have subparagraphs discussing each ashore location and guidance from the NCC.

Paragraph 2: Mission. Following analysis of the NCC's operational CONOPS, the HCA commander develops a short sentence or paragraph that describes the HCA organization's essential task(s) and purpose. It should be a clear statement of the action to be taken and the reason for doing so, to include the elements of who, what, when, where, and why. Rarely does it specify how.

Paragraph 3: Execution. In this paragraph, the HCA commander provides the broad outline of the HCA mission. For an HCA mission, this paragraph is commonly written in phases to convey the flow of the operation in an easy-to-understand logical progression. Typically, each phase consists of a Navy HCA sea-base support period including the transit to and from the HN. For each phase the HCA commander specifies the objectives, tasks, and assignments of subordinates and other members of the HCA organization. The HCA commander articulates not only the objective or task to be accomplished but also its purpose, so subordinates and other members of the HCA organization understand how their tasks and objectives contribute to the overall HCA mission.

Paragraph 4: Administration and logistics. This paragraph is used to specify the tactical CONPLAN annexes along with who is responsible for each annex's creation, approval, and maintenance.

Paragraph 5: Command and control. This paragraph specifies command relationship and daily report requirements for the HCA commander from which the commander can consolidate and provide a daily report to the numbered fleet commander.

4.4.1 Annex A — Task Organization

For HCA missions this annex will contain the contact information for each military command, HC, and PN in the HCA organization. Contact information will include phone numbers, emergency contact numbers, email addresses, and Web site addresses (if applicable).

Additionally this annex will contain dialing instructions for the HN phone system for each HCA ashore location and contact information for sea base, the associated AMEMB, USAID office (if applicable), HN emergency assistance, HCA organization beach detachment, and civic assistance program activity sites (if available).

Information in this annex will be used for the development of "smart cards." Smart cards are credit card-sized laminated cards that contain information on what to do and who to contact in the event of an emergency or incident ashore. All HCA organization personnel who depart the sea base will have a smart card provided to them.

4.4.2 Annex B — Situational Awareness

For HCA missions this annex is typically used to provide information on each HN. Typical information included in this annex includes language(s), culture, ethnic groups, religion, and holidays in the HN around the period of the HCA mission.

4.4.3 Annex C — Operations

For HCA missions this annex describes civic action program activities planned for each ashore location. For each ashore location the annex will specify what activities are planned, where these activities are planned, who will be conducting the activity, and how the activity will be conducted. In addition, this annex typically includes the following plans:

1. Assessment plan
2. Ceremony plan
3. Donated material distribution plan
4. Force protection plan

5. Planned operational rhythm
6. Sea base-to-shore transfer plan.

4.4.3.1 Assessment Plan

The assessment plan contains tactical-level measures of performance (MOPs) and measures of effectiveness (MOEs) from objectives and desired effects defined by strategic- and operational-level commanders.

measure of performance — A criterion used to assess friendly actions that are tied to measuring task accomplishment. Also called **MOP** (JP 3-0). MOPs answer the question, “Are we doing things right?”

measure of effectiveness — A criterion used to assess changes in system behavior, capability, or operational environment that is tied to measuring the attainment of an end state, achievement of an objective, or creation of an effect. Also called **MOE** (JP 3-0). MOEs answer the question, “Are we doing the right things?”

MOPs and MOEs should be relevant, measurable, responsive, and resourced. See Paragraph 5.2, 5.4, NWP 5-01, JP 3-0, and JP 5-0 for further discussion. MOPs and MOEs enable the commander in making informed decisions regarding resource allocation and/or HCA mission modification. The data collection plan found in Annex R will identify data requirements for assessment. MCATs are able to provide standard MOPs/MOEs in addition to non-standard ones, such as showing what percentage of a population will be impacted by a program, how that population is at risk, and the value to the HCA commander.

Because HCA tasks can vary greatly, no single, all-encompassing MOP/MOE checklist exists for HCA operations. A MOP of 100 surgeries might apply for one HCA mission, but have no application for an HCA mission where surgeries were not performed. An adoption of building practices might serve as an excellent MOE when building engineering projects are emphasized, but not where the emphasis is on medical or DENCAPs alone. MOEs are more difficult to develop and take more time to assess.

When assigned, the MCAT, or designated individual on the HCA commander’s staff if no MCAT assigned, will lead the HCA commander’s assessment processes and will develop the assessment plan for the commander. When developing the plan it may be appropriate to review MOPs/MOEs and lessons learned from previous HCA missions while coordinating with PNs, HCs, and the AMEMB country team. Past MOPs and MOEs and the data collected to support them provide input for development of a data dictionary that ensures data collected can be cross-referenced between HCA missions. Involvement of PNs, HCs, and the AMEMB country team is critical in the development of MOPs/MOEs as it encourages communication among the major participants, assists in data collection, clarifies priorities, and builds a team environment.

4.4.3.2 Ceremony Plan

Navy HCA sea-base support periods within the HN will include several ceremonies. Each ceremony is an excellent opportunity to reinforce themes and supporting talking points outlined in the event PAG. Typically, opening and closing ceremonies are held before HCA activities occur and just prior to the sea base’s departure respectively. Other ceremonies are often conducted marking the completion of significant milestones such as donated material turnover ceremonies or large-scale engineering project completion. Ceremonies will likely include ambassadors, senior U.S., PN, and/or HN military officials, and/or local HN government officials. It is important that the ceremony plan considers appropriate protocol.

While each ceremony is unique, the HCA commander and staff should develop a generic plan that can be used as a template for all ceremonies. Key items of this plan should include gift exchange, band participation and an outline of how the ceremony will support enhancing the mission’s overall themes.

With the exception of donated-material turnover ceremonies, the HCA commander’s PAO is responsible for the development and maintenance of ceremony plans.

4.4.3.3 Donated-Material Distribution Plan

HCA missions frequently act as agents for the delivery of donated material to the HN. Project Handclasp is one example of an organization that Navy personnel support in this manner. The donated-material distribution plan outlines the processes and procedures for transfer of donated material in each ashore location. Typically the distribution plan will include a detailed guide to the proper execution of a turnover ceremony. The donated material distribution plan includes specifics on this ceremony. Lessons learned from previous turnover ceremonies include:

1. Preinspect donated items to ensure they are in usable condition and appropriate to the HN needs (e.g., medications should not be expired, clothing should be appropriate to the temperature requirements of the region — no sweaters given in a tropical environment)
2. Ensure the name of the distributing organization, (e.g., “Project Handclasp”), as well as the U.S. flag, are readily visible.
3. Remove or cover signs that display items made in foreign locations (e.g., clothing tags), as their presence on an item could result in mixed signals to the HN.
4. Display some items outside of the transportation container so the audience is able to see examples of materials distributed.

The HCA commander’s chaplain or MCAST command liaison/planning officer, with support from the PAO and advance team leader, is tasked with oversight of the donated material distribution program during the HCA mission. The chaplain or MCAST command liaison/planning officer is responsible for the development and maintenance of the donated material distribution plan.

Donated material does not become property of the U.S. Navy, but is merely transported and distributed for the donors to needy people in foreign countries.

4.4.3.4 Project Handclasp

Project Handclasp is an official Navy program that coordinates transportation and delivery of humanitarian, educational, and goodwill material donated to the Project Handclasp Foundation, Incorporated, by private citizens and charitable organizations throughout the United States for distribution to needy recipients in foreign countries. Project Handclasp may also accept and arrange space-available transportation of material consigned to the foundation from organizations or individuals who desire transportation to specified recipient organizations overseas. Donations collected by Project Handclasp do not become property of the Navy, but merely are transported and distributed for the donors to needy people in foreign countries.

The Project Handclasp program is managed through offices in San Diego, but has material prestaged in warehouses overseas. Once the ashore locations for the HCA mission are identified, the HCA commander should contact the Project Handclasp program office to identify the types of materials to be delivered to the HN. Materials for Project Handclasp include a variety of quality-of-life and educational items such as:

1. Material to supplement basic necessities (e.g., food, clothing, sewing machines, and supplies, hand tools, light building material, hygienic supplies, and medical equipment and supplies).
2. Educational material (e.g., textbooks, library books, magazines, school supplies, and audiovisual aids).
3. Recreational material for children (e.g., toys, athletic and playground equipment).
4. Overseas mementos (e.g., souvenirs and mementos of visits aboard the sea base).

Project Handclasp materials are delivered in tri-wall containers and can be tailored to specific needs of the region. When determining the Project Handclasp load out for the HCA mission, it is important to consider cultural sensitivities as well as regional geography. For example, the donation of skateboards to a region that does not have any paved roads or walkways will result in wasting a donation that could have been more effectively distributed elsewhere.

Project Handclasp material may also be donated to individual patients and their escorts who have embarked the sea base for medical or dental treatment. HN citizens typically do not have warm clothing, shoes, personal hygiene supplies or toys for the minor patients needed to comfortably stay for the 24- to 48-hour pre/postoperative time aboard the Navy vessel. Preplanning with Project Handclasp could supply these needy individuals with items to make their stay aboard the sea base more comfortable and that they may take with them upon departure.

The Project Handclasp coordinator is responsible for acquisition of materials, verifying quality of materials (to include expiration dates as applicable), and arranging the Project Handclasp donation ceremony.

During the PDSS, the operational planner should attempt to identify any specific items that would be useful to the region. Early submission of these requests to the Project Handclasp office in San Diego will increase the likelihood that the materials will be received prior to the sea base's departure from homeport. At a minimum, the initial load-out request should be submitted to the Project Handclasp San Diego office no later than 12 weeks prior to the desired on-load date.

Part of the unique nature of the Project Handclasp program is that the material is received through private donations while the U.S. Navy serves as the transporting and distribution agent of the materials. These roles place legal limitations on eligible receiving agencies. Most notably, Project Handclasp material should be a people-to-people distribution vice government-to-government. Whenever possible, distribution of material should be made directly to intended recipients by U.S. Navy and Marines Corps volunteer personnel, representing the American people and the U.S. Navy. The U.S. Embassy or local USAID office will be able to provide a list of HCs or other private entities (e.g., orphanages) in the region who qualify for acceptance of Project Handclasp material.

While media coverage of Project Handclasp activities is desirable, the primary objective of the program is to assist needy persons and organizations overseas. Project Handclasp requests imagery of people receiving the material to share with its donors whenever possible.

4.4.3.5 Force Protection Plan

HCA FP is focused on both the physical and medical protection of the HCA force. Although HCA missions focus on providing assistance directly to HN citizens, FP concerns cannot be discounted. As a result, the HCA FP plan must address physical security and health protection. The HCA FP plan is in addition to and not a substitution for FP requirements of the numbered fleet commander, NCC, and CCDR. Typically there are FP administrative requirements with discrete time lines associated with HCA missions. The HCA FP plan will outline these requirements and associated submission requirements.

The physical security section of the FP plan is drafted by the HCA commander's FP officer. It contains the appropriate FP requirements dictated by the CCDR's assessments, intelligence reports, and HCA commander's policy. The appropriate FP level for an area will also determine the amount of prior coordination necessary. For higher-threat-level locations, it may be beneficial to include a FP representative on the PDSS and advance teams. This will provide continuity and will also help foster a professional relationship between HN police, security personnel, and the FP team.

The FP plan will include the HCA commander's requirements for key phrases to be included on smart cards (discussed in Paragraph 4.4.1). The PDSS and advance team will work with HN representatives to have these key phrases translated into the HN language. The phrase and its translation will then be included on the smart card. The phrase, "Please direct me to the nearest police station" is an example of a phrase the HCA commander may desire to have translated.

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U.S. FP personnel should be assigned to each civic action program activity site. HN personnel will likely be employed to provide FP. These HN personnel should be treated as equals with a separate chain of command and all efforts should be made to reinforce that message.

The preventive medicine staff from medical services is responsible for the force health protection section of the FP plan. The plan should address potential threats such as H5N1 (avian flu), other pandemic or epidemic flu concerns, HIV (AIDS), parasitic infections, TB, diarrhea, poisonous/dangerous insects, reptiles, and plants, plus environmental stressors such as heat and cold.

4.4.3.6 Planned Operational Rhythm

Operational rhythm is a deliberate daily cycle of HCA-organization activities intended to synchronize current and future operations. Effective HCA operations require the synchronization of processes to ensure planning, preparation, and execution are coordinated.

The HCA commander's chief staff officer (CSO)/executive officer (XO) is responsible for the development and execution of the HCA commander's operational rhythm. Establishing an operational rhythm is intended to serve both the HCA commander and his staff as a tool to satisfy the reporting requirements to higher headquarters while maintaining staff synchronization about upcoming events. The operational rhythm should be developed prior to the HCA mission and will remain relatively constant throughout the mission. However, the unique nature of each HCA ashore location may require minor adjustments to the operational rhythm.

Some key elements of the operational rhythm annex should include, but are not limited to:

1. HCA commander's daily update template: See Paragraph 5.3.3.1 for discussion on the HCA commander's daily update
2. HCA commander's staff meeting template: See Paragraph 5.3.3.2 for discussion on the HCA commander's staff meeting
3. Staff planning meeting template: See Paragraph 5.3.3.3 for discussion on the staff planning meeting.
4. HCA commander's weekly update template: The HCA commander's weekly update provides a weekly report summarizing civic action program activities for the previous week directed to a wide Navy audience. The template provides the means for the HCA commander's staff to populate the report as the week's action evolves.
5. Other boards, bureaus, centers, cells, and working groups' meetings as required.

4.4.3.7 Sea Base-to-Shore Transfer Plan

Transporting personnel ashore is one of the most dynamic portions of HCA missions. The sea base-to-shore transfer plan's level of detail will depend on a number of variables including whether the sea base will be pierside, anchored, or underway, and the number of platforms (e.g., LCAC, LCU, helicopter, etc.) available to move personnel ashore. Development of a sea base-to-shore movement annex is required for each ashore location. Responsibility for the plan depends on the type of platform(s) on which the HCA organization is embarked. If embarked on a hospital ship or other MSC sea base, the HCA CSO/XO is responsible for the development and maintenance of the sea base-to-shore transfer plan. If embarked on a Navy warship, development of the sea base-to-shore transfer plan will be the responsibility of the sea base's commanding officer. The sea base-to-shore transfer plan will:

1. Identify how personnel and equipment will be moved from the HCA support sea base to the shore sites selected for HCA activity.

2. Identify the authority of the HCA commander to authorize the transportation of HN, PN, and/or HC equipment and supplies.
3. Identify the authority of the HCA commander to authorize the embarkation of HN, PN, HC, and/or DV personnel.

Note

Contracted watercraft must pass United States Coast Guard (USCG) safety inspection standards prior to use in an HCA mission.

4.4.3.8 Sea Base-to-Shore Movement

While it may seem intuitive, the sea base-to-shore transfer plan must be developed from the point of origin to the final destination, and not the HLZ or BLS. It will create an embarrassing situation if civic action program activity supplies delivered to an HLZ only 100 yards away from the activity site cannot be delivered because the supplies are too heavy to transport manually. The plan must also account for the movement of all personnel and supplies. Often, there is a tendency for movement weight and space estimates to be much lower than the actual requirements. Additionally, the movement capacity of many vehicles in the HN may be smaller than advertised (e.g., a 15-passenger van may only carry 11 people and no supplies). Depending on the HN, ground transportation requirements may need to be identified relatively early in the planning cycle to allow for acquisition of vehicles. While the benefits of an HCA mission to a specific region may be vast and substantial, the required ground transportation may not be available in the local community. Identifying transportation requirements early will enable the husbanding agent (or other appropriate official) to arrange for delivery of required vehicles. The advance team can ensure the appropriate numbers of vehicles are available to facilitate planned HCA mission activities.

Normally the Navy HCA sea base will be either underway or anchored during the period HCA activities are occurring ashore. This will require helicopter or small-boat movement to and from the HCA support sea base. As a result, it is essential that the PDSS include an assessment of each BLS or HLZ to assist in development of the sea base-to-shore transfer plan. A second assessment should be performed by the advance team to account for any changes to the site (i.e., debris, erosion, etc.). Organic sea base-to-shore assets on hospital sea bases are limited, and may require augmentation by HN and/or PN assets, and/or contracted boats within the HN. Navy amphibious warships typically have a robust surface-lift capability including LCUs, landing craft air cushion boats (LCACs), and rigid hull inflatable boats (RHIBs). Navy helicopters can also be used to support HCA activities. The sea base-to-shore transfer plan needs to ensure compliance with DOD and Navy lift and embarkation regulations. Depending on the nature of the event, specific approval may be required to transport military and civilian personnel and their equipment and supplies.

4.4.3.9 Transportation of Equipment and Supplies

Transportation of equipment and supplies of HN and PN governments, U.S. and the foreign HC, and other U.S. government agencies and entities supporting the conduct of HCA missions requires Secretary of Defense (SECDEF) approval. SECDEF routinely delegates this authority to the geographic CCDR for further delegation to subordinate commanders. (See DODD 4500.9E.) The HCA commander's SJA must review all applicable statutes, treaties, SOFAs, etc., and advise the legality of providing equipment and supplies to the HN as well as transportation of these items into the HN.

Transportation of such equipment is normally on a nonreimbursable basis subject to the following conditions:

1. The authority cannot be used if an acquisition and cross-servicing agreement, a cooperative military airlift agreement, an agreement entered into pursuant to Section 607 of the Foreign Assistance Act of 1961, or similar agreement applies.
2. The transportation may be provided only when the DOD endeavor is advanced and either:

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- a. The lift is scheduled to support authorized HCA activities and is properly resourced with available funds appropriated for that purpose, an Economy Act order from another U.S. government agency, or other appropriate authority, or
 - b. There is no increased cost to the DOD in providing the transportation, the movement is already scheduled, and the transportation is on an opportune, noninterference basis.
3. Equipment and supplies of IOs (such as the UN) may be transported on a reimbursable basis when the DOD endeavor is advanced. Such transportation may also be approved on a nonreimbursable basis when there is no means of repayment and there is no increased cost to the DOD in providing the transportation, the movement is already scheduled, and the transportation is on an opportune, noninterference basis.

4.4.3.10 Embarkation and Transportation of Personnel

The authority to transport and the authority to embark are distinct — the former is a legal determination and the latter a C2 function. A senior commander may limit the authority of subordinate commanders to embark personnel. This enables the senior commander to control and maintain awareness over those embarking on the sea base and aircraft under his control.

Typically the geographic CCDR delegates to its NCC the authority to transport and embark essential personnel engaged in direct support of the HCA mission on sea bases and U.S. naval aircraft under the OPCON of the HCA commander. The NCC will typically further delegate this authority to subordinate commanders. The numbered fleet commander will likely retain the authority to approve embarkation of DVs to include U.S. and foreign flag officers, members of the senior executive service (SES), and U.S. Ambassadors and their senior deputies.

The delegations from the geographic CCDR and NCC should include transportation and embarkation of the following classes of personnel: HN and PN government officials and military personnel; U.S. and foreign HC personnel; U.S. Public Health Service; U.S. military and DOD employees; and U.S. and foreign media and other foreign nationals (i.e., patients, patient escorts, and interpreters) being transported subject to the provisions in joint federal travel regulations/joint travel regulations (JFTR/JTR) DOD regulations and associated documents.

Note

U.S. DOS employees should only be transported on a space-available or reimbursable basis unless the individual is traveling in direct support of the HCA mission in which he or she may travel on a space-required, nonreimbursable basis (e.g., embarked FSLO).

This delegation of authority will permit approval of travel for sea base-to-shore, shore-to-sea base and shore-to-shore transport as long as the personnel are essential and engaged in direct support of the HCA mission.

When the purpose of the transport is unrelated to the HCA mission, the geographic CCDR and NCC authority will not apply, and the normal rules governing transportation and embarkation of U.S. naval sea bases and aircraft will apply.

4.4.3.11 Emergency Helicopter Transportation

Due to the remote location of population centers and limited resources found in the HNs, the potential for a request for emergency helicopter transportation of a medical emergency patient is likely. The HCA commander can provide U.S. military helicopter services to the HN for transport of a medical emergency to a hospital during the HCA mission, so long as (1) the HCA mission will not be impaired, and (2) the movement is of an emergency, lifesaving nature in direct support of the DOD activities or is requested by the head of a HN government agency. Reimbursement for transportation provided to the HN government agency is required and shall be in accordance with DOD 7000.14-R.

Once the movement is authorized, each emergency lift would be evaluated on a case-by-case basis to determine if (1) the patient could be treated by the HCA medical personnel and (2) the treatment is within the medical limitations set by the HCA SMDR/CO MTF. If the emergency fits the criteria for treatment as an HCA medical case, then the HN would not be required to reimburse the DOD for the transportation costs.

4.4.4 Annex D — Logistics

HCA presents unique logistical challenges. Success requires the HCA commander and HCA logistics staff be aware of these challenges and have mitigation plans developed. The HCA commander's logistics officer is responsible for the development and maintenance of this annex.

It should never be assumed that an item necessary for the mission is readily available in a Navy supply warehouse. This is not a supply system failure, but instead a result of a relatively new demand on supplies unique to HCA missions. The remote operating environment of HCA missions typically means that access to Navy logistics channels is limited. Prior to HCA mission commencement, the HCA CONPLAN logistics annex needs to identify all supplies necessary for success. In addition, it should contain a detailed plan for acquisition and transportation of material to the civic action program activity sites.

Early identification and procurement of supplies is the cornerstone for success. To accomplish this, a thorough analysis of the Navy HCA lessons learned, past HCA missions, the operational HCA CONOPS, and feedback from the PDSS and advance teams must be conducted to ensure that an appropriate stock of material is on hand for the mission. However, even with the correct inventory identified, care must still be taken to have HCA funding released to the HCA commander in order to allow adequate time for acquisition and shipping. In addition, regulations regarding the use of HCA funds must be closely followed, with special attention paid to tracking and reporting of expenditures to help minimize problems for the logistics team.

The limited Navy logistics support in the typical HCA operational environment usually requires supplies to be procured either prior to departing the United States or while in a major population center in the HN or region. Often, much-needed medical supplies will not be available in sufficient quantities in the Navy supply system, because HCA needs often do not align with military requirements. Of additional concern are medicines requiring cold storage which may be at risk of spoilage during shipping to remote regions. Factors such as these, added to case load complexity, mission emphasis, and pharmacy requirements, make HCA logistics estimations difficult. These logistical complexities as well as the scarcity of HCA funds demonstrate the importance of thorough logistics planning prior to HCA execution. Due diligence is critical to developing a solid medical appendix to the logistics annex.

Procurement of construction material also presents unique challenges. Administratively it is typically much easier to procure construction material in the United States. However, this material frequently does not conform to HN standards or is difficult to offload from the sea base. In addition, if these materials are not available in the HN, repair and preventive maintenance will be difficult or impossible for HN engineers after the HCA organization departs. Contracting for construction material in the HN is also likely to be challenging, as most husbanding agents are not familiar with construction materials. It is strongly recommended that a member of the construction team accompany the husbanding agent when contracting for construction materials in the HN.

Prior to leaving home port the logistics team should develop pack-up kits for each type of civil action program to be conducted during the HCA mission. These kits are stocked with basic supplies required such as generators, power cords, canopies, portable tables, chairs, dental chairs, and lockable metal boxes to transport medical and other supplies to support civil action programs. Assembly of pack-up kits prior to departure from home port ensures readiness upon arrival in the HN. The logistics annex should specify what is in each of these pack-up kits and how many of each will be maintained.

The purpose of the HCA logistical annex is to outline the HCA commander's logistical plan as it pertains to HCA-related materials. It is to be segmented for each HCA ashore location and should provide an estimate for medical, dental, veterinary, preventive medicine, and construction-related materials, taking into account the concerns described above. Lessons learned from previous missions are vital toward the annex's development. For

each ashore location, consideration should be given as to whether mission growth could be supported through HN procurement, a nearby logistics hub, or through the Navy supply system.

4.4.5 Annex E — Personnel

For HCA missions this annex describes numbered fleet commander and NCC personnel requirements. In addition, this annex typically includes appendixes on the:

1. Deployment, assimilation, and redeployment plan
2. RFF/RFC process and procedures.

4.4.5.1 Deployment, Assimilation, and Redeployment Plan

Deployment and redeployment processes provide HC and PN representatives with their first and last impressions of the Navy. Because deployment, assimilation, and redeployment planning is in constant flux, the HCA commander should designate a full-time deployment, assimilation, and redeployment coordinator (DARC). It is the job of the DARC to ensure that communication with HC/PN personnel is maintained while providing a single conduit for communication from the HC/PN personnel to the HCA commander. The DARC is responsible for development of deployment, assimilation, and redeployment plan.

The deployment, assimilation, and redeployment plan describes the process of getting mission participants to the right place at the right time and to properly accomplish the HCA mission to include their return. The deployment process encompasses all activities from origin or home station through arrival on the HCA support sea base. The deployment processes coordinates HC and PN representative, arrival at a port of embarkation (POE). The assimilation process seeks to quickly integrate the HC and PN representatives into the shipboard routine. The redeployment process defines how HC and PN representatives will debark the sea base and return home.

Such plans must be established well in advance of any individual joining the deployment and should apply to all personnel, not just HC or PN representatives, to include personnel permanently assigned to the sea base, TAD personnel, RFF personnel, and emergency leave cases. The plan will define procedures to ensure all visas, immigration, and travel requirements are achieved. The plan will also specify what information will be maintained on the personnel embark/debark tracking spreadsheet. At a minimum the embark/debark tracking spreadsheet should contain the following items:

1. Individual's full name
2. Individual's POC information
3. Alternate POC information
4. Individual's organization (i.e., name of HC, parent command, etc.)
5. Anticipated arrival date and location
6. Arrival itinerary
7. Anticipated departure date and location
8. Departure itinerary
9. Electronic link to copy of passport and visa.

The plan will include separate sections detailing the processes and procedures to follow for deployment, assimilation, and debarkation.

1. Deployment

The deployment phase begins upon notification that an individual will be embarking for part or all of an HCA mission and will involve the deployment processes as described above. Because these processes are significant, it cannot be assumed that HC and PN representatives understand specific requirements for the respective deployment despite the fact that some individuals may be familiar with military procedures. Once HC and PN representatives are identified, a welcome-aboard package should be sent to them hard in both hard copy and electronic formats. This package should provide information on the sea base and the HCA mission to include checklists to for embarkation. At a minimum, the welcome-aboard package should include information on the following:

- a. Passport requirements. All non-DOD employees shall have a passport that shall be valid for the duration of the deployment plus 60 days. It is strongly recommended that all military personnel have a passport prior to deployment as this will ease requirements in the event of emergency leave cases. (See Figure 4-1.)
- b. Visa requirements (see Figure 4-1) for both the POE and port of debarkation (POD).
- c. Base access requirements (applicable if the member is driving to the port to meet the sea base).
- d. Credentialing requirements. For HC and PN medical staff, copy of all medical credential information (curriculum vitae, license and/or certification, etc.).
- e. Vehicle storage limitations for individuals driving to the POD (i.e., ensure personnel understand that they might not be able to leave their personal vehicle parked at the pier for the duration of the deployment).
- f. Process to provide inputs for the embark/debark tracking spreadsheet to include travel itinerary provided to the DARC — ensures the individual is scheduled to arrive before the sea base leaves the POE.
- g. List of items to bring on deployment to include attire ashore, on board, and during receptions; personnel support supplies for operations ashore (e.g., camelback hydration system, sunscreen, insect repellent, mosquito hat, etc.).
- h. Information on health-protection measures required by the Navy and necessary to the HCA mission, including required immunizations, medications, and documentation.

Passport and Visa Requirements

For SOFA countries, U.S. military members attached to the sea base for the deployment do not normally require a visa and/or passport for mission execution. However, in the event of emergency leave or other reason for departure, a valid passport will expedite the processing of a departure visa in every instance. If the U.S. military member does not have a passport, the individual must provide a copy of his or her birth certificate, a valid military identification card, and a copy of the emergency leave orders. In select countries that do not have a SOFA with the United States a valid passport is the only identification by which an exit visa may be obtained to depart the country. Coordination with the AMEB and embarked FSLO is imperative, and the military member should be prepared to pay for the departure visa at the airport in local currency.

For non-U.S. military members and HC civilians participating in the deployment, because they are not typically covered under the SOFA agreement, they must obtain the required visa and passport for departure and/or arrival into the HN. In most countries, both U.S. and PN military members may carry their military identification (ID) in lieu of a passport while ashore. For HC and other civilians participating in the mission, the country will typically require them to carry a passport while ashore. It is recommended that passports are carried in ziplock bags while ashore in the HN to prevent water damage.

The HCA commander needs to determine if any of the countries to be visited require all PN military members to have a country visa if they wish to come ashore for mission execution and/or liberty. This requirement encompasses those personnel arriving and/or departing via commercial air or US military vessel. Some countries may also require U.S. military members traveling outside of the arrival city limits to secure a visa, even for pre-arranged Morale, Welfare, and Recreation (MWR) tours. **For all countries not covered by a SOFA, recommend all military members going ashore apply for a visa prior to arrival in country.**

Figure 4-1. Passport and Visa Requirements

A Navy representative shall meet arriving personnel at either the baggage claim (domestic travel) or customs exit (international arrivals) sections of the airport. The use of a name placard to identify personnel arriving is dependent upon the situation and FP condition. There are two different arrival scenarios:

- Arrival at the home port: Do not assume that someone meeting the sea base at the home port is familiar with the Navy or the process of arriving on a Navy sea base. Many individuals, including Navy medical personnel, have not deployed on a Navy vessel. The deployment, assimilation, and redeployment coordinator should meet embarking personnel at the quarterdeck or another precoordinated location.
- Arrival via air: Most personnel joining the deployment while the sea base is underway will arrive via commercial air transport. This requires increased attention to detail by the DARC coordinator as individuals may have changed their travel plans and failed to notify the sea base. Approximately 48–72 hours prior to the individual commencing travel, the DARC should obtain confirmation that there are no additional changes to the itinerary.

Members of the same augmented military unit, HC, or PN should be encouraged to travel together. The DARC arranges transportation from the POE to the sea base. If many individuals are arriving on the same flight, ensure transport includes space for people and luggage (e.g., 15 people with luggage will not fit in a 15-passenger van).

2. Assimilation/Integration

The assimilation process must detail key information that HC and PN representatives need in order to familiarize them quickly with the sea base and assimilate/integrate to become functioning and proactive members of the HCA organization. The goal of assimilation processes is to provide the means of ensuring the arriving individual is able to contribute to the HCA mission with minimal delay. In many instances, the assimilation phase is completed during the in-processing of an individual aboard the sea base, but there will be occasions when the person will have separately arriving supplies requiring inventory and certification.

At a minimum the assimilation section of the deployment, assimilation, and redeployment plan should include the following processes:

- a. Adding the individual(s) to the sea-base roster.
 - b. Watch quarter and station bill assignments to include man overboard muster location, general quarters station and provision of man overboard assignments (and directions to individuals unfamiliar with sea base operations).
 - c. Overview tour of the sea base to include:
 - (1) Berthing assignment and location
 - (2) Wardroom/mess decks
 - (3) Computer room/access.
 - d. Completion of administrative paperwork (e.g., pay, computer access, etc.).
 - e. Applicable introductory briefings, to include a safety brief by the sea-base safety officer, legal indoctrination brief with the SJA and a media/communications limitations brief from the PAO.
 - f. All HC and PN personnel should be provided a copy of ship's rules/regulations in their own language upon embarkation.
 - g. All HC personnel should receive a copy of their organizations MOU with the Navy.
 - h. Introduction to the PN participant and HC volunteer coordinator for the HCA mission.
- ## 3. Redeployment.

The return of personnel to their home station/point of origin is known as redeployment. During a typically HCA mission redeployment will normally be conducted in conjunction with departure of the Navy HCA sea base from an HCA activity site, and in most cases, departure will occur in groups.

The mode of transportation for redeployment personnel must be weighed against several variables. For instance, it may be more cost-effective to fly 10 personnel via commercial air in lieu of obtaining an Air Mobility Command or Navy Air Logistics Office (NALO) aircraft. Additionally, the POD for redeployment must also be considered. It may not be practical to fly out of a remote, limited-access airport when the sea base is transiting to a region with a larger air hub. In short, practicality and cost-benefit analysis must be utilized. Most HC volunteers and PN participants will arrive and depart via commercial air purchased by their nation/organization.

The key to successful redeployment is an aggressive and proactive administrative and disbursing staff. They alleviate potential embarrassment and stress resulting from missing the necessary details. At a minimum the redeployment section of the deployment, assimilation, and redeployment plan should include the following processes:

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- a. Removing the individual(s) from the sea-base roster
- b. Collecting any funds for services provided by the sea base that are not covered by HCA funding
- c. Completing all administrative paperwork (e.g., pay, computer access, etc.)
- d. Collecting lessons learned and recommendations for improvement for future HCA missions.

Once out-processing from the sea base is complete, transportation to the airport should be provided. If possible, a Navy escort should be provided until HC and PN representatives are ticketed and pass through airport security.

4.4.5.2 Request for Forces/Request for Capabilities Process

Importance of early and accurate RFF/RFC submittal cannot be overemphasized. Early and accurate RFF/RFC submittal is a key product of the planning process. The HCA commander and staff need to continually review the RFF/RFC response status. If a resource cannot be filled with a military resource, the HCA commander assesses the impact and liaisons with HC and PN representatives to determine their ability to support. This annex describes the processes and procedures that the HCA commander will use to ensure required skill sets are available for each HCA ashore location.

The HCA CSO/XO is responsible for the development, maintenance, and execution of the RFF/RFC process. The process will comply with Enclosure R to Chairman of the Joint Chiefs of Staff Manual (CJCSM) 3122.01A, Joint Operation Planning and Execution System (JOPEs) Volume I, and with numbered fleet and NCC directives.

4.4.6 Annex F — Public Affairs

For HCA missions the PA annex is a comprehensive discussion on how the HCA commander will use public information. It will include processes and products to be used to inform the media, the public, and the HCA organization. The HCA commander's PAO drafts the PA annex with the support of PAOs at superior and subordinate commands.

Providing media broad access to report on HCA activities is a staple of the HCA mission. The PA annex provides guidance to the HCA organization on media coverage limitations and privileges granted to the media. Transparency is essential and is the default position when granting access to mission sites or response to questions. HN limitations must be considered and should be specifically identified either in advance or on scene.

Media will be afforded unfettered opportunity to cover the HCA mission to the maximum extent practical, while respecting patient and personal privacy concerns. Coverage will include, but is not limited to, medical, engineering, and COMREL civic action program activities. Typically the numbered fleet commander PAO will review all such media embark requests. To support requests for embarkations and airlift, the PA annex should specify guidelines for approval and should indicate approval authority for each type of request. There are times when operational and CHINFO waivers are required in addition to a country clearance. For this reason, thorough coordination with country teams for media and DV embarks is vital. Additionally, internally generated PA products will serve to provide information to media unable to cover specific activity HCA efforts.

The PA annex details the communication strategy, procedures, and products to be used during the HCA mission. Common topics for products include home-port departure, ashore locations and associated HCA activities, return to home port, post-HCA mission wrap-up, and features on individuals. Timely release is very important. Typically the HCA commander's PAO will review and approve all stories and imagery prior to release. Approved products are then forwarded electronically to the appropriate command for further dissemination. The PA plan will specifically identify commands that will receive these products.

Guidelines for PA products developed during the HCA mission:

1. First and foremost, focus on the partnerships between the participating organizations in every written story, photo, and video.
2. Include HCA work being done at sea and ashore.
3. Include international medical HCA, PN, and medical/dental/engineering events throughout the HCA mission.
4. Include various ranks and skill sets with an emphasis on team effort for a common cause (i.e., assisting the local community, improving quality of life one person at a time, etc.).
5. Focus on people. Every story should include quotes from a member as well as quotes from a local recipient of services (or other local representative).
6. Produce features on various personnel; include staff with direct connections to a particular port and/or with a connection (by heritage, birth, or language) to the particular country being visited.
7. Require all military personnel participating in the HCA activity complete Fleet Hometown News (FHTN) form. Stories of their involvement in the HCA mission can be provided to newspapers in their respective hometowns. Feature stories on individuals are encouraged to highlight specific achievements, involvement, etc. Not every sailor has to agree to have his or her stories released, but at a minimum, each sailor must complete a FHTN form.

Since a military band is often attached to the HCA commander, the PA annex should include a music engagement plan which will include priorities for competing band events and information regarding acceptable types of music (will vary with the HN).

The HCA mission PA annex will typically include the following:

1. DV plan
2. PAG.

4.4.6.1 Distinguished Visitor Plan

DVs are an integral part of HCA. DV presence at events and project sites lends validity and credibility to U.S. efforts as well as HN, PN, and HC contributions. Because of this, considerable effort is required in the development of DV plans, which are consistent and support the mission requirement and theme. Though each DV event is unique and must be individually planned, there are several common factors. These similarities should be encapsulated in a DV template within the PA annex. This template allows for rapid readiness to support DV events. This template should be utilized by the HCA commander's protocol officer or PAO (if a protocol officer is not designated) to develop a detailed plan for each DV event:

1. Collect regional background information from the AMEMB country team or embarked FSLO to ensure protocol is correctly addressed.
2. Develop slide presentations that include both English and HN texts.
3. Determine maximum attendance for each venue (wardroom, flight deck, beach, etc.). Overcrowding detracts from the HCA focus.
4. Develop several preplanned DV tours. To account for DV event time and focus, the following steps should be taken:

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- a. Keep events singularly focused. As an example, if a briefing is required, do not schedule this concurrent with meals or snacks, as this might detract from the message.
 - b. Sea-base tour routes should expose visitors to efforts of the HCA force without impacting operations or patient privacy.
5. Consult with AMEMB country team on appropriate food and beverages for DV events.
 6. Identify funding. The DV plan should include the process that will be used to request these funds.
 7. Gift exchange plan. Most if not all DV events will have a gift exchange between the DV and the HCA commander or representative. The HCA commander's SJA officer and POA should be consulted for the latest regulations on acceptance of gifts from foreign nationals and appropriateness of gifts in return.
 8. Translator support.

4.4.6.2 Public Affairs Guidance

Specific PA activities will vary in each country depending on HN government desires, PN participation, HC capability, and other factors (FP, other U.S. military activity, etc.). Such considerations will be consolidated in a PAG to tailor an approach for each country and location and to maximize the strong message of U.S. support and commitment. The PAG will be developed by the HCA commander's PAO in conjunction with PAOs from the numbered fleet and NCCs. The key to a successful PA program (and PAG) is a robust internal information campaign aimed at fostering teamwork among all mission stakeholders and participants (military, country teams, etc.). The PAG shall conform to the standard DOD PAG format and include, as a minimum, the following elements:

1. Release authority. The PA's effective contribution to mission success is tied directly to communication integration and the timely, truthful, and accurate public release of information. Sufficient authority must be given to the appropriate commands in order to empower timely release of information during all phases of planning and execution. The joint requirement for the acquisition, transmission, and distribution of imagery, for example, is 1 hour. While the PAG will be tailored to the specific HCA mission, the NCC will normally make the initial announcement of the upcoming HCA event. Release authority will then be delegated as follows:
 - a. Numbered fleet commander: Release to regional media. Lead command for planned and responsive public release of information in coordination with NCC. Coordinate further release by subordinate commands in the area of operations.
 - b. HCA commander's PAO: Release authority once deployed. HCA commander's PAO shall coordinate with numbered fleet command and other commands as necessary to take every opportunity to distribute sea-base PA products.
2. Identify key audience(s). Communication integration is vital. Among the participating organizations, it supports the alignment of public information with specific audience(s) for specific purposes. Key audiences can include local, regional, international, and U.S. domestic publics, their associated governments, international bodies, and NGOs. Advance PA planning through the Embassy is critical to reaching the HN public effectively. Appropriate attention should be paid to HN sensitivities.
3. Develop themes and supporting talking points. Talking points are meant to serve as general topics to be incorporated into communication products (speeches, press releases, etc.) about the HCA mission. Additional talking points may be tailored to address port or country-specific issues and activities. The following are typical talking points that are included in an HCA mission PAG:

- a. Collaborating partners are conducting the HCA mission within the HN at the request of the HN.
 - b. We are dedicated to working with our friends, partners, and allies in the region.
 - c. The U.S. Navy is dedicated to a cooperative commitment to security and stability in the region.
 - d. We share a common interest in a stable and secure environment.
 - e. The U.S. military is committed to regional peace and stability.
 - f. HCA missions develop enduring trust-based relationships among cooperating nations.
 - g. HCA missions prepare nations for disaster and crisis response through increased interoperability.
4. Be aware of privacy concerns. Imagery or personal information regarding patients will not be released without PA authorization
 5. Have a plan for still and video image transmission for PA teams and embarked media.

4.4.7 Annex G — Civil-Military Operations

This annex is required if a MCAT is attached to the HCA commander. It discusses the integration of the MCAT into the HCA commander’s staff and overall HCA organization. The annex addresses the expectations of the HCA commander for the MCAT to include assessment requirements. The HCA commander’s CSO/XO with the MCAT leader is responsible for drafting this annex.

4.4.8 Annex H — Meteorological and Oceanographic Services

For HCA missions this annex is typically not used.

4.4.9 Annex J — Command Relationships

For HCA missions this annex is typically not used.

4.4.10 Annex K — Communications Systems Support

Note

Department of Defense instruction (DODI) 3000.05 of 16 September 2009 and DODI 8220.02 of 30 April 2009 tasks the assistant secretary of defense for Networks and Information Integration with the development of policies, plans, and processes to provide information and communication technology strategies, infrastructure, and equipment necessary for HCA operations. HCA organization communication staffs need to frequently consult with higher headquarters to determine if new capabilities are available for the mission.

Effective communications are essential to the success of the HCA mission. This annex provides information on the communications support expected by the HCA commander. The HCA operational environment poses many unique challenges for the HCA commander’s communication staff. Some of these challenges include:

1. Embarked PN and HC representative communication with their home headquarters.
2. Forces ashore-to-sea base communication. This is affected by many factors such as geography, distance, and power ashore.
3. Still and video image transmission for PA team and embarked media.

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4. Release of information normally treated as classified (e.g., sea base position, future movements, etc.) to HN, PN, and HC representatives.
5. Use of freeware (software downloaded from the Internet) by embarked HC volunteers.
6. Military software incompatible with PN/HC information systems.
7. HN outside commercial satellite footprint. Consideration should be made to obtain servicing satellite for the 10N to 10S low look angle areas to improve connectivity and reduce communications shortages and/or outages
8. HN frequency regulations.
9. PA access to HN and other news/social media sites.

These challenges and others identified by the PDSS and advance teams are addressed in the communication/information system annex. Clear guidance understandable by U.S. military, HN, PN, and HC representatives has to be provided to facilitate coordination and command. Key elements in this annex include:

1. Identification of the primary communication network for each major communication requirement (e.g., sea base-to-shore, HCs to home headquarters, HCs with HCA commander, HCA commander with AMBEMB, etc.). Communication networks include Navy communications systems, NMCI, cell phones, satellite phones, and the Broad Global Area Network (BGAN).
2. Identification of computer chat rooms and protocols.
3. Identification of collaborative tools.
4. Establishment of video teleconference protocols.
5. Identification and sourcing of communication assets. Minimum required capabilities include radios, telephones (preferably satellite), secure and nonsecure Internet, and video conferencing.
6. Expectation management in order to provide a realistic understanding of actual communication capabilities.
7. Leveraging of commercial assets, where possible.
8. Creation of an Internet café. Restrictive Navy Internet routing protocols prohibit embarked HC volunteers, PN representatives, and reservists with private businesses or medical practices access to Web-based email. The Internet café utilizes a separate Internet protocol circuit that connects directly to an Internet service provider without transfer through the Navy's firewalls, thereby providing a circuit that can allow access to Web-based email for authorized personnel.
9. Request for JCSE augmentation. These three-to-four-man communication operator teams deploy with ruggedized cases containing portable small-footprint satellite communications equipment that can be deployed ashore.

4.4.11 Annex L — Environmental Considerations

For HCA missions this annex will provide the climatologic data for each ashore location and time the HCA support sea base will be there. Mission planners utilize this information to determine types of activities that can be conducted and their support requirements. For example, if the climatologic data suggests that there is a high likelihood of rain, the planners would ensure tents or another type of enclosure are available to conduct civic action program activities. The HCA commander's operations officer is responsible for drafting this annex.

4.4.12 Annex M — Geospatial Information and Services

For HCA missions this annex is typically not used.

4.4.13 Annex N — Space Operations

For HCA missions this annex is typically not used.

4.4.14 Annex P — Host Nation Support

For HCA missions this annex outlines support the HN agreed to provide at each ashore location (for example, providing a building to conduct MEDCAP activities). This information will first be collected by the PDSS team and then validated by the advance team. These agreements should ideally be recorded in print. A copy of the written agreement should be included in this annex for easy reference and retrieval. When a written agreement is not possible, the name of the HN government official who agreed to provide the support should be included in a memorandum for the record. Typical HN support agreements include:

1. Transportation from HLZ or BLS to civic action program activity site
2. Physical security/crowd control at certain civic action program activity sites
3. Buildings to be on civic action program activity site
4. Billeting for elements of HCA organization that RON
5. Access to HN medical facilities/support.

Note

Care should be taken to ensure a bilateral agreement is not illegally created with a written agreement for HN support.

4.4.15 Annex Q — Medical Services

For HCA missions this annex will outline for each MEDCAP activity site the following:

1. Services to be provided
2. Anticipated number of patients to be treated
3. Infrastructure (electricity, bedding, water, etc.) at site
4. Patient flow plan.

This information becomes the primary source for the tactical CONOPS that is developed just prior to commencement of the sea-base arrival at the HCA ashore location and corresponding HCA MEDCAP civic action program activity sites (see Paragraph 4.5).

This information is initially collected by the PDSS team and then updated by the advance team. When possible the PDSS and advance teams should qualify this information with how it was collected. It is the responsibility of the SMDR/CO MTF to develop and maintain this annex for the HCA commander.

Included in this annex are the medical follow-up and emergency action plans.

4.4.15.1 Medical Follow-Up Plan

Medical prescreens must consider HN follow-up care capabilities to determine whether to treat specific individuals during an HCA sea-base support period. Manageable, post-HCA mission follow-up care will be part of a medical plan. More advanced follow-up care may be necessary after the HCA organization has departed the HN if the advance team evaluation was incorrect or if complications resulted from treatment. The medical follow-up plan will be utilized to describe in each ashore location how medical treatment will be provided to any HCA patient requiring follow-up medical assistance.

Medical follow-up care involves the transfer of patient care responsibilities to another non-HCA sea-base mission organization. Depending on the medical facilities in the HN there maybe many or few organizations capable of handling follow-up patient care after the sea base departs the HN. Because medical follow-up care can present complex problems (funding, tracking, etc.), this plan should be clear, concise, absent of military jargon, and unclassified. The medical follow-up plan helps identify transition issues and identifies:

1. Those parties or agencies that will assume patient care responsibilities from the HCA medical team
2. Procedures and criteria to transfer patient care
3. Responsibilities of the HCA organization and the party or agency who will assume patient care responsibilities
4. Fiscal guidance, reconstitution of assets, and availability and use of O&M, HCA, or other appropriate funding for facilitation of aftercare.

4.4.15.2 Emergency Action Plan

The emergency action plan is coordinated with the HN and AMEMB. It addresses actions the HCA organization, HN, and AMEMB will take in the event of a surgical complication. This plan will mitigate unnecessary expense and delay in proper care of the surgical patient. The SJA should review this plan prior to HCA commander's approval.

4.4.16 Annex R — Reports

For HCA missions this annex should reference higher headquarters requirements for reports from the HCA commander and also designate who on the HCA commander's staff is responsible for drafting each report. The annex should provide a template for each required report. Typical HCA mission reports are discussed in Chapter 5. The report templates together with the MOPs and MOEs defined in the assessment plan serve to define the HCA mission's data collection requirements. These data collection requirements are documented in a data collection plan, which is included in this annex. The data collection plan includes a data dictionary to ensure postmission analysis properly understands each data element. It is the responsibility of the HCA commander's operations officer to develop this annex.

4.4.17 Annex S — Special Technical Operations

For HCA missions this annex is typically not used.

4.4.18 Annex T — Consequence Management

For HCA missions this annex is typically not used.

4.4.19 Annex U — Notional OPLAN Decision Guide

For HCA missions this annex is typically not used.

4.4.20 Annex V — Interagency Coordination

For each HC and PN involved in an HCA mission this annex serves as the repository of all agreements between the Navy and the HC and PN. Typically these agreements between the Navy and HC are recorded in a MOU. MOUs are created in an effort to specify requirements of both parties. These MOUs are promulgated by echelon II Navy commands and, once signed, will remain in effect for 5 years. Typical MOUs address the following:

1. Professional and physical qualifications of HC participants in the HCA mission
2. Responsibilities of the HC participants for transportation costs, passport, and visa requirements to and from the POE and POD
3. Liability of both the HC participant and Navy for HC participant actions in support of the HCA mission
4. Maintenance of patient records and any patient information and data gathered as applicable
5. Transportation costs of HC supplies to and from the sea base and/or HN
6. PA guidance for dissemination of HC participant information.

4.4.21 Annex X — Execution Checklist

For HCA missions this annex will contain the tailored PDSS and advance team checklists (Appendix E) plus any other checklists approved by the HCA commander for the mission.

4.4.22 Annex Y — Strategic Communications

For HCA missions this annex is typically not used.

4.4.23 Annex Z — Distribution

The HCA commander should evaluate channels to determine the most effective means to distribute the CONPLAN.

In addition to the HCA commander's staff, leadership of the medical, engineering, and transportation elements of the HCA organization need to have access to the CONPLAN.

4.5 HUMANITARIAN AND CIVIC ASSISTANCE TACTICAL CONCEPT OF OPERATIONS

The HCA tactical CONOPS is used by the HCA commander and staff to execute the HCA mission. The CONOPS is constructed in parallel with the HCA tactical CONPLAN. The focus of the CONOPS includes specifics for each ashore location. Typically the HCA tactical CONOPS is an unclassified presentation that provides detailed information on the planned HCA activities for each ashore location. This provides all participants in the HCA mission with a full understanding of the breadth and scope of the HCA mission and how the different programs interrelate with each other.

Commonly, the HCA tactical CONOPS should utilize a standardized presentation template for each ashore location. The content and format of the HCA tactical CONOPS template is defined by the HCA commander. Typically the CONOPS template for each ashore location includes information on:

1. Location of HCA support sea base
2. HC/PN participation in the HCA mission event

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3. Civic action program activities

a. Medical

- (1) Locations of MEDCAP activities
- (2) Anticipated patient loading
- (3) Anticipated issues/mitigation plans.

b. Dental

- (1) Locations of DENCAP activities
- (2) Anticipated patient loading
- (3) Anticipated issues/mitigation plans.

c. Veterinary

- (1) Locations of VETAP activities
- (2) Anticipated patient loading
- (3) Anticipated issues/mitigation plans.

d. Engineering

- (1) Locations of ENGCAP activities
- (2) Anticipated patient loading
- (3) Anticipated issues/mitigation plans.

e. COMREL.

- (1) Dates and times of known DV visits
- (2) Small engineering projects planned for the sea-base crew
- (3) Dates and times of known sporting events
- (4) Dates and times of known band concerts
- (5) Dates and time of donated material turnover ceremony.

4. PAG unique to this ashore location

5. Sea base-to-shore and shore-to-shore movement plans

6. FP for the ashore location

7. Names and phone numbers of U.S. and HN personnel ashore

8. Communication plan.

CHAPTER 5

Reports, Data Collection, and Assessment

5.1 INTRODUCTION

Reports and data provide the chain of command with a snapshot of what the HCA mission is accomplishing, the basis for lessons learned, and the information required for assessment by both the HCA commander and other stakeholders in the mission.

Lessons learned and assessment focus the information contained in reports and the data collected. Lessons learned capture what worked and what could be improved upon. The intended audience for lessons learned is commanders and staff who will conduct a similar HCA mission in the future. The audience for the assessment is the HCA commander and other stakeholders in the mission. The assessment answers:

1. Are we doing things right? (i.e., MOPs)
2. Are we doing the right things? (i.e., MOEs)

This chapter addresses how the HCA commander and staff determine what data needs to be collected, the reports generated from this data, and some of the assessments executed with this data.

5.2 IDENTIFICATION OF DATA REQUIREMENTS

A successful HCA mission requires the collection of data before, during, and after the HCA mission. However, before data can be collected a common lexicon must be defined; otherwise, the data's utility will be marginalized. The primary purpose of data collected before the HCA mission is the development of the HCA plan and supporting annexes (see Chapter 4), by the HCA commander and staff. Data collected during the event is used by the HCA commander and staff to develop daily briefings, daily operational summary (OPSUM) reports to higher authority, and lessons learned and after action reviews (AARs) required by geographic CCDRs and the interagency community.

5.2.1 Common Data Lexicon

HCA mission commanders collect data on activities not normally executed by the military. Having a common vocabulary is essential if data collected is to be understood and correctly acted upon. Figure 5-1 provides terms and their associated definitions for data typically collected for MEDCAPS. The HCA commander and staff should build upon Figure 5-1 to identify definitions to terms used to classify collected data. This expanded table should be provided with all data to ensure that viewers of the data understand what the data represents.

<u>TERM</u>	<u>DEFINITION</u>
ADULT CARE	Medical, dental, or surgical care provided to individuals at least twenty (20) years of age or older.
AFLOAT	On the sea base away from the shore.
ASHORE	On land within the HN.
BMET	Biomedical equipment technician.
CARE AFLOAT	Medical, surgical, or dental care provided on board the sea base.
CARE ASHORE	Medical, surgical, or dental care provided on land within the HN.
CONTACT HOURS	A calculated product based upon the multiplication of the number of individuals attending SMEE multiplied by the number of hours spent.
DAY	One day is defined as the 24-hour period occurring from 1900 to 1900 the following day.
DENCAP	Dental civic action program
DENTAL PROCEDURE	A procedure employed by dental practitioners
ENCAP	Engineering civic action program. A term used to define engineering activities.
EVALUATION	A series of physical exam and cognitive steps used by a practitioner to reach a diagnosis of a physical or mental condition or a diagnostic study.
FDPMU	Forward deployed preventive medicine unit.
HN PROVIDER	A provider from the country in which the event takes place that participates in the care of patients.
MEDCAP	Medical civil action program: A term used to define medical activity that takes place ashore.
MEDICAL CONSULT	To give professional or expert advice to another practitioner on the care of that practitioner's patient.
MEDICAL PROCEDURE	A procedure employed by medical practitioners.
OPSUM	A report to higher authority that contains total daily numbers of patients and types of care that occurred during a 24-hour period.
PATIENT	An individual receiving medical, surgical, or dental care afloat or ashore.
PEDIATRIC CARE	Medical, dental, or surgical care provided to individuals between the ages of zero (0) and nineteen (19) years of age.
PRESURGICAL SCREENING	An ashore evaluation of referred patients who may require surgical intervention to improve their health.

Figure 5-1. Common Data Identifiers (Sheet 1 of 2)

<u>TERM</u>	<u>DEFINITION</u>
PREVENTIVE MEDICINE	Preventive medicine and public health outreach programs
PROCEDURE	A standard sequence of actions followed in accomplishing a medical task.
PROCEDURE AFLOAT	Medical, surgical, or dental procedures that occur on board the sea base.
PROCEDURE ASHORE	Medical, surgical, or dental procedures that occur on land within the host country.
RADCAP	A term used to define radiology procedures that take place ashore independent of any other activity.
SERVICES	Civic action program activities that occur afloat or ashore.
SMEE	Any condition in which an exchange of information occurs between a SME and other providers.
SURGCAP	A term used to define a presurgical screening that takes place ashore.
SURGICAL PROCEDURE	A procedure employed by a surgeon.

Figure 5-1. Common Data Identifiers (Sheet 2 of 2)

5.2.2 Prehumanitarian and Civic Assistance Mission Data Requirements

Prior to arrival at a port for an HCA mission the HCA commander and staff must ensure the plan for the event is properly staffed and ready for execution upon the sea base’s arrival. The PDSS and advance team checklists (Appendix E) provide a baseline of typical data requirements. Additional requirements include port integrated vulnerability assessments (PIVAs), reviews from previous visits, and antiterrorism force protection (ATFP) after-action reports in the Navy lessons learned database.

An RFI process provides a formal means to ensure that planners receive the information necessary to complete the HCA plan. The planning staff develops the RFI and submits it to the PDSS or advance team, which, in turn, obtains answers from the HN, AMEMB, HC, etc. Their response is provided to the action officer on the HCA commander’s staff. Having an RFI process streamlines information exchange, ensuring the HCA planning team is provided needed information without overburdening the staff in the HN with duplicative or vague requests for data.

Typically an HCA commander’s RFI process will:

1. Designate one person on the HCA commander’s staff to be the RFI manager. The RFI manager will ensure duplicative data requirements are not passed to the PDSS or advance team in the HN and in turn will pass data received from the PDSS or advance team to the originator of the data request.
2. Designate one person on the PDSS or advance team in the HN to be the ashore RFI manager. The ashore RFI manager will recommend to the PDSS/advance team leader who is responsible to respond to a request for data from the staff, and ensure a response is generated and that the response is adequate and clearly articulated.
3. Maintain a simple and accessible means of tracking RFI requests and responses.

Formalizing the RFIs process also provides a means of developing an informal lessons learned database. During a recent HCA mission, many of the same questions were asked prior to arrival of the Navy HCA sea base. For example, questions were raised concerning the referral process for patients with chronic illnesses. Toward the end of the mission, the list of repetitive RFIs was folded into the PDSS and advance teams checklists, streamlining the collection process. Essentially, the RFI database, if used properly, will assist the HCA commander's staff in maintaining a proactive stance in the planning cycle.

5.2.3 Humanitarian and Civic Assistance Mission Data Requirements

During mission analysis the HCA commander and staff define MOPs and MOEs to assess progress toward accomplishing a task, creating a desired effect, and avoiding creation of an undesired effect. Included in these definitions is the data that will be used for the assessment and for inclusion in the lessons learned and after action report (AAR) database.

Evaluating the effectiveness of an HCA mission means assessing the long-term impact of HN attitudes about the United States, its military, and, more specifically, the Navy. But defining data requirements to answer whether an HCA mission is "doing the right things" is difficult. Such tasking is difficult because the Navy HCA sea-base support period typically is not part of the HCA commander's tasking. However, the HCA commander, however, can and should identify data requirements that other stakeholders can use to evaluate the HCA mission's effectiveness. Examples of MOEs a HCA commander could identify include:

1. Are HN engineers replicating building techniques shown during an ENCAP?
2. Is the HCA mission visit identified with a significant long-term sustained impact on HN health?
3. Have animal-husbandry methods improved as recommended during the HCA mission VETCAP?
4. Were there unsolicited requests from the HN government for a follow-on HCA mission visit?

Paragraphs two and three of the HCA tactical CONPLAN (see Chapter 4) define MOPs for the HCA mission. For example, if paragraph three of the HCA tactical CONPLAN states that the objective for a location is to treat 50 patients a day, a MOP would include how many patients were treated on a particular day. To support this MOP, the HCA commander's staff identifies a data requirement for the number of patients treated on each day. This data supports the MOP, which in turn, provides the commander a means to evaluate if things are tracking according to plan. Based on that information, the commander can determine whether the plan needs modification to achieve the objective.

Data collected to evaluate MOPs frequently replicates data required by databases used to record information on an HCA mission. Because there is no one database for HCA data, two or three data repositories will be mandated for population of HCA mission data. Prior to commencement of the HCA mission the HCA commander will designate which repositories will be populated and, more importantly, what database entry requirements will be utilized, in the data collection plan contained within Annex R of the CONPLAN. Common data repositories that require data from an HCA mission are the Navy lessons learned system, OHASIS, and the MCAST command CIM database.

The HCA commander should, once an understanding of MOE, MOP, and database requirements are achieved, formally define these data requirements and designate how the data will be collected and by whom.

5.3 HUMANITARIAN AND CIVIC ASSISTANCE REPORTS AND BRIEFINGS

Reports and briefings generated by the HCA organization should attempt to capture all of the identified data requirements, though changes to report templates may be required. Typically, data in one report or briefing will be combined with data from other reports or briefings to create a combined report or brief. For example, it is common for two MEDCAPS to occur simultaneously, with each recording similar data on patients seen. The reports from the MEDCAP teams are combined to provide the HCA commander an executive overview of the

entire MEDCAP effort. This combined value would be included in the HCA commander's daily update brief and OPSUM report to higher headquarters. HCA reports and briefs are typically the first location that a lesson learned is identified. HCA reports start with deployment of the PDSS team and conclude with the HCA commander's post-HCA mission brief.

5.3.1 Predeployment Site Survey and Advance Team Situation Report

While deployed to the HN, the PDSS and advance teams provide a daily SITREP to the HCA commander. This report ensures the commander and staff are aware of significant findings, issues, and events. The SITREP is approved by the team leader and typically is drafted by the operations planner during the PDSS or the operations advance team officer. The HCA commander working with the team leaders should define the standard format for the SITREP. Given that the SITREP is typically transmitted via email, it is important that a standard distribution be defined prior to the PDSS or advance team's departure to the HN. At a minimum, the SITREP should include:

1. Location of all PDSS and advance team (as applicable) members
2. POC for team personnel (email and phone)
3. Significant meetings of the day
4. Significant upcoming events
5. Planning updates from each section of the PDSS and advance team (as applicable)
6. Significant issues that need to be resolved either with the AMEMB, HN, or HCA commander's staff
7. RFI ashore manager updates, to include:
 - a. New responses to any RFIs
 - b. RFIs not yet responded to
 - c. RFIs responded to and the date of the SITREP that includes the response.

5.3.2 Humanitarian and Civic Assistance Internal Reports

HCA missions typically have team members spread over a large geographic area. Some members are always embarked on the sea base, others ashore. Some of those who go ashore do so only for daylight hours, while others RON. At the end of the day, each HCA activity needs to provide information back to the HCA commander's staff. This information is then consolidated and used in the OPSUM report to higher headquarters and as inputs to the assessment of MOP. Standard reports from each of the various types of HCA civic action program activities ensures data can be easily combined, allowing for efficient coordination between field activities and the HCA commander's staff, which minimizes distracting data. Appendix F contains typical information contained in internal daily reports for each civic action program.

5.3.3 Humanitarian and Civic Assistance Command Daily Meetings

The data from the internal reports is used at daily meetings conducted by the HCA commander and staff. The specific daily meetings are identified in the planned operational rhythm (see Annex C of CONOPS, discussed in Paragraphs 4.4.3 through 4.4.3.11). Outputs from these meetings will typically be used in reports to higher headquarters and modifications to the HCA plan.

5.3.3.1 Humanitarian and Civic Assistance Commander's Daily Update

This meeting is typically conducted in the evening and uses the information in the daily internal reports to provide the commander an overview of the day's activities and lessons learned. This meeting also includes an overview of planned activities over the next 96 hours (or interval established by the HCA commander) to include DV movements. Specific focus is given to movement plans for the next day, ensuring lessons learned are applied to foster an environment of increased efficiency and effectiveness as the team becomes more familiar with the operational environment. Normally, this meeting is open to all HCA mission personnel, including HC and PN representatives. Most of the information required for the daily OPSUM message is discussed during this meeting.

5.3.3.2 Humanitarian and Civic Assistance Commander's Staff Meeting

During this meeting the HCA commander provides guidance to the staff. Normally, in addition to immediate staff, representatives from the health services, engineering, and transportation groups participate in this meeting. In most instances, HC and PN representatives do not attend this meeting.

5.3.3.3 Humanitarian and Civic Assistance Staff Planning Meeting

Following the HCA commander's staff meeting the CSO/XO conduct the HCA staff planning meeting. This meeting ensures the upcoming schedule is coordinated with all members of the HCA organization. This meeting also assimilates information contained in the internal daily reports to evaluate MOP. Those MOPs that the HCA organization is not fulfilling are further analyzed and, if required, proposed mitigation action is developed. At a minimum, staff representatives from the following should attend this meeting.

1. Humanitarian and civic assistance commander's operations directorate
2. Transportation
3. Medical (SMDR/CO MTF will determine required representation)
4. Engineering
5. Supply
6. Air
7. Combat cargo
8. PA
9. SJA
10. Additional individuals as necessary.

5.3.4 Daily Operational Reports

Navy HCA participants are required to provide periodic reports to higher headquarters. These reports provide higher headquarters with situational awareness on what is occurring in the field. The daily OPSUM captures any guidance provided by the HCA commander during the HCA commander's daily update and information provided by the internal reports. In addition to the synopsis of HCA activities, the OPSUM includes information on sea-base fuel/supplies and aircraft/small boat status. The format for the daily OPSUM is typically mandated by the higher headquarters.

5.3.5 After Action Reports

Upon departure of the Navy HCA sea base from the HN, the HCA commander provides a report to higher authority. This report consolidates information provided in the daily OPSUMS and captures the HCA commander's initial assessment on the visit's impact and significant lessons learned. The format for the after action report and time to submit such report following the sea base's departure is typically mandated by higher headquarters.

In addition, the fleet intelligence collection manual (FICM) and Navywide operational tasking message require a formatted ATRP after action report upon departure of the Navy HCA sea base from the HN.

5.3.6 Post-Humanitarian and Civic Assistance Mission Brief

Upon completion of an HCA mission, the HCA commander develops a post-HCA mission brief for presentation to higher headquarters and/or other interested parties. This briefing is intended to provide an executive level synopsis of the achievements of the HCA mission and recommendations for future similar events. While the format of the post-HCA mission briefing may vary according to a HCA commander's desire, some recommended topics to include are as follows:

1. Transit slide
2. FP updates and steps taken
3. Operational commander's objective(s)
4. Summary of civic action program activities
5. Assessments of MOPs and MOEs
6. Best practices/lessons learned
7. Funding used
8. Recommendations for future humanitarian and civic assistance missions.

5.4 ASSESSMENT

Assessment is critical and occurs throughout and after the HCA mission. A clear and well-constructed assessment process for the HCA mission at both the HCA commander's level and higher headquarters is essential. The assessment process uses MOPs to evaluate task performance and MOEs to measure effects and determine the progress toward achieving objectives. MOEs help answer questions like: Are we doing the right things? Are our actions producing the desired effects? Are alternative actions required? MOPs are closely associated with task accomplishment. MOPs help answer questions like: Was the action taken? Were the tasks completed to standard? How much effort was involved? In other words, are we doing things right? Well-devised measures can help the commanders and staffs understand the causal relationship between specific tasks and desired effects.

Assessment is not complete upon the sea base's departure from the HN. In order to assess the real and lasting impact of the mission, post-HCA mission data collection must be performed 6 months to 1 year after the mission is complete. This will aid the planning of future HCA missions.

MOEs assess changes in system behavior, capability, or operational environment. MOEs also measure the attainment of an end state, achievement of an objective, or creation of an effect. They do not measure task performance. These measures typically are more subjective than MOPs and can be crafted as either qualitative or quantitative. MOEs can reflect a trend and show progress toward a measurable threshold.

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MOPs measure task performance. As such they are generally quantitative but also can apply qualitative attributes to task accomplishment. They typically seek specific, quantitative data or a direct observation of an event to determine accomplishment of tactical tasks.

As further detailed below, the assessment process and related measures should be relevant, measurable, responsive, and resourced so there is no false impression of accomplishment.

1. Relevant. MOPs and MOEs should be relevant to the task, effect, operation, the operational environment, the end state, and the commander's decisions. This criterion helps avoid collecting and analyzing information that is of no value to a specific operation. It also helps ensure efficiency by eliminating redundant efforts. Tasks, effects, and objectives are specified in the NCC's operational CONOPS and the HCA commander's HCA tactical CONPLAN.
2. Measurable. Assessment measures should have qualitative or quantitative standards against which to be measured. To effectively measure change, a baseline measurement should be established prior to execution of the mission to facilitate accurate assessment throughout the operation. Both MOPs and MOEs can be quantitative or qualitative in nature, but meaningful quantitative measures are preferred because they are less susceptible to subjective interpretation.
3. Responsive. Assessment processes should detect situation changes quickly enough to enable effective response by the staff and timely decisions by the commander. Because of this, the time for an action to take effect should be considered since many actions directed by the HCA commander require time to occur before a measurable result is observed.
4. Resourced. To be effective, the staff conducting the assessment must be adequately resourced. The staff should ensure resource requirements for collection efforts and analysis are built into plans and monitored at regular intervals. Effective assessment can help avoid duplication of tasks while avoiding unnecessary actions.

Steps in determining MOE:

1. Analyze the effect. What is the condition you want to create?
2. Brainstorm MOE. Activities that show trends that would demonstrate progress.
3. Evaluate MOE indicators. Is the MOE expressed as a trend and is the defined activity appropriate?
4. Develop MOE indicators. What specific indicators allow us to assess the trend for each individual MOE?
5. Evaluate MOE indicators. Do the indicators (taken together) allow us to assess the trend for the specified behavior or capability?
6. Rank MOE against predetermined, common criteria (level of danger versus benefit attained, ability to collect data in support, etc.); then rank based on results. An alternate process is the subjective comparison of MOE to MOE.
7. MOE reverse order review. Is the MOE with the lowest rank required to accurately assess the effect given that information is available on other MOEs? If not required delete the MOE and then repeat the process until complete.

In order to ensure their independence, the assessment function should be accomplished by individuals who did not exclusively contribute to the development of the CONOPS/HCA tactical CONPLAN, did not provide advice leading to mission decisions, or did not lead or manage those involved in HCA mission operations. In the HCA operational environment HC and PN representatives should be considered for the assessment function. If assigned the MCAT augmentation to the HCA commander's staff facilitates the assessment process; otherwise, this

function is performed by the HCA commander's operations directorate. The MCAT/operations directorate incorporates collection of data to support the assessment process into the HCA commander's data collection plan. Various elements of the staff will use assessment results to adjust both current operations and future planning.

The higher headquarters CONOPS and HCA commander's HCA mission plan will include some effects that can be assessed during the mission and others that will only be assessed long after the mission is complete. Some effects can be assessed during the event. As an example, Navy medical personnel will be exposed to diseases not seen in the general military population, and that training will be immediately recognized. Contrarily, the impact of the HCA mission on HN attitudes toward the United States can only be assessed through long-term observation or follow-up action from a higher headquarters' country desk officer or the AMEMB country team. The after-event follow-up could include any action by U.S. military forces returning to measure the long-term impact of the HCA mission. For example, 3 to 6 months after the sea base departs an HCA ashore location, Navy and or AMEMB representatives could revisit the location to determine if repaired biomedical equipment is still operational and if SMEE conducted on this equipment's preventive maintenance is being followed. Higher headquarter planners should incorporate lessons learned during the after-operation follow-up in the same lessons-learned system that was used for the original HCA mission.

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CHAPTER 6

Humanitarian and Civic Assistance Lessons Learned

6.1 INTRODUCTION

Although HCA missions are becoming routine, they involve a relatively small group of rotating units each year. It is unlikely that commanders and staff will conduct back-to-back HCA missions. Because of the singularity and infrequency of these operations and the fact that there may be no pre-HCA mission workups, HCA-tasked units must consult the published lessons learned from previous operations. The tactical commander will receive the operational CONOPS from the NCC and be expected to develop and execute the HCA tactical CONPLAN. With limited background and training in HCA missions, commanders and staff must rely on doctrine, AARs, and lessons learned.⁵

6.2 HUMANITARIAN COMMUNITY HOST NATION–PARTNER NATION RELATIONS

HCA missions provide the rare opportunity to share knowledge and gain insight into HC, HN, and PN procedures, policies, and techniques. This shared knowledge improves professional development of all HCA mission participants and creates a common foundation for future interaction in the event of a FHA event. Developing positive HC, HN, and PN relationships is a common goal of every HCA mission. Some lessons learned on establishing and maintaining these relationships include:

1. Language barriers
2. Humanitarian community sensitivities
3. Understanding of humanitarian community requirements.

6.2.1 Language Barriers

In most HNs, English will not be the primary language. Therefore, the selection of enough competent, reliable, and appropriate interpreters is extremely important, especially in medical and other highly technical activities. For MEDCAPs, plan for one interpreter per provider, plus one for the check-in station and one at the pharmacy. The AMEMB country team can provide assistance in interpreter selection and vetting. Interpreters can also be sourced through the U.S. military, HC, and PNs.

The AMEMB country team can also assist making presentations bilingual. HN visitors and media will derive minimal benefit from presentations that are only in English.

6.2.2 Humanitarian Community Sensitivities

In the past, military leadership has inadvertently caused some HCs to have a negative view of the military because they failed to fully appreciate the importance that most HC organizations place on their independence. While most in the HC are happy to have the opportunity to work *alongside* the military, most must avoid the

⁵ The Navy Lessons Learned Database is available on NIPR: <https://www.jllis.mil/navy> or SIPR: www.jllis.smil.mil/navy

perception that they are working *with* or *for* the military — a subtle but important difference. If military leadership says the HC is a “force multiplier,” the wrong perception is created for those HCs who choose to distance themselves from military operations. Figure 6-1 captures several other words and phrases that are common in the military lexicon but should be avoided when talking with HC representatives or about their participation in HCA missions. Figure 6-1 also provides alternative language that is acceptable to the HC.

6.2.3 Understanding Humanitarian Community Mandates/Charters

International, national, and organizational cultural barriers are naturally inherent in HCA. Each element of the HC has a different charter. These charters encompass broad statements of goals and objectives for use of the organization’s funding and resources. Military planners need to be aware of these charters to ensure any planned uses of the organization’s resources during an HCA mission conform to the organization’s charter. One means to ensure organizational mandates are adhered to is to include representatives from these organizations in the planning process.

Word or Phrase	Alternative
Conduit	Enhances interaction
Battle rhythm	Operational rhythm/cycle
Education	Information exchange
Force provider	Partner
Force multiplier	Partner
Operation	Mission
Training	Facilitated discussion/SMEE

Figure 6-1. Words and Phrases to Avoid in Humanitarian and Civic Assistance Missions

6.3 PLANNING

HCA missions must be planned, in great detail, well ahead of time — this cannot be overstated. As discussed in Chapters 3 and 4, planning and replanning are *the* major contributions a commander and staff make toward a successful HCA mission. Although most of the lessons learned from the planning process are captured in Chapters 3 and 4, the following points call for emphasis and additional attention.

1. All participating and/or supporting organizations must identify points of contact who will remain in their billets through the completion of the operation in order to support planning. HCA activities are complex and specific evolutions in which the personal relationships made in the planning process will form the foundation of success during the execution phase.
2. Planners, PDSS, and advance team teams must be conscious that JUSMAG/NATT capabilities vary between countries. Requests should be followed up until needs are fulfilled. One area that this aspect directly impacts is FP.
3. Dates of local customs and holidays should be one of the HCA commander’s first information requirements to ensure the planned HCA mission dates are not in conflict with these events.

4. Ensure roles and responsibilities of the HCA commander and each supporting organization are defined and agreed upon early in the planning processes. Failure to complete this step has resulted in confusion and miscalculation of staffing requirements to support certain functions.
5. If possible, conduct a pre-HCA mission training event with all available staff, HCs, and PN to practice putting MEDCAP, ENCAP, etc. teams ashore and working with each other.
6. The complexities of the funding process cannot be overemphasized. Successful execution of an HCA mission requires considerable up-front procurements, many of which require significant lead time.
7. Avoid requiring extensive ground movement within the HN during the mission, particularly by heavy/large vehicles. Movement will likely incur delays, increase the FP requirement, and present an elevated risk of damage to HN property and persons.
8. HN support of the HCA mission is enhanced when requirements are identified early. The ability of the HN to flex for new requirements cannot be assumed.
9. PDSS and advance teams must anticipate delays and/or difficulties caused by weather during the HCA mission. PDSS visits during the dry season can create a false expectation of environmental conditions if the HCA mission is to occur during the rainy season.
10. Local cellular phones should not be relied upon as the primary means of communication with teams ashore.
11. Ensure PDSS checklists are tailored for detailed planning, logistics, FP, communication, etc.
12. Ensure wide dissemination of completed PDSS checklists and reports.
13. Ensure representatives from all major contributors to the HCA mission (e.g., medical staff, engineers, maritime civil affairs members, veterinarians, etc.) provide input for the PDSS agenda.
14. If available, review lessons learned about each HN and port to be visited. These lessons will not be folded into doctrine or other HCA directives. As an example, in Panama, you would find a lesson learned that states that “vampire bats are a hazard to personnel in the Kuna Yala region — ensure all personnel remaining overnight in Panama are adequately protected against all communicable disease vectors, including vampire bats.”

Note

Nothing can be relied upon during an HCA mission other than that the plan will not go as planned.

6.4 CIVIC ACTION PROGRAMS

Each MEDCAP, DENCAP, VETCAP, ENCAP, and COMREL civic action program is unique. Success will not occur without extensive planning. There is no one set of lessons learned that will capture all of the issues the HCA planning team will confront and address. Below are common issues encountered by HCA civic action programs. These issues and the plans discussed in Chapters 3 and 4 should be used as facilitators toward developing the detailed information required to successfully plan and execute HCA civic action programs. While the below lessons are clustered by the type of civic action program, many lessons are applicable across all programs.

6.4.1 Medical Civic Action Programs

1. Add physical therapy to large MEDCAPs, as musculoskeletal complaints are common.
2. Addition of rapid test type labs to MEDCAPs expands capacity of team to address medical needs of community (example: diagnostic testing for malaria, HIV).

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3. Develop standardized process for common MEDCAP events, such as referring a patient to surgery. Processes must also be briefed and enforced.
4. Preventive medicine officers from the U.S. public health service or armed Service must be indentified several months in advance and tasked with opening communication with persons responsible for disease tracking in each HN.
5. Establish a surgical risk evaluation council (SREC) consisting of senior surgery leaders, chaired by the director of surgical services. This council allows for rapid and critical surgical judgment that considers complexity, aftercare limitations, remaining recovery time on site, and resources and personnel available.
6. Anticipate staff turnover. Mitigate impact with training. During planning phase determine if training on some equipment is such that its operator(s) should not turn over during the HCA mission.
7. Most MEDCAP sites ashore require a self-sufficient power-generating capability.
8. Integration of HN immunization programs is a high-impact method to expand the scope of MEDCAPs and enhance partnership with HN public health organizations.
9. A portable x ray unit allows for TB screening of surgical candidates ashore, which mitigates communicable disease risk on board the support sea base and less disruption for patients. Development of a logistics plan to either read x rays ashore or rapidly transport them to sea base for reading required in order to minimize patient impact.
10. Early liaison with NEPMU is required to ensure microbiology laboratory support.

6.4.2 Engineering Civic Action Programs

1. Berthing ENCAP teams ashore typically improves project accomplishment in addition to reducing planning workloads, safety concerns, fuel consumption, maintenance requirements, and personnel fatigue.
2. All ENCAP sites require a self-sufficient power-generating capability.
3. Scope of ENCAPs often expands beyond original cost, size, material, and time to complete estimates.
4. Giving engineers small-scale purchasing authority facilitates quick reaction to changes in project scope and material shortages.
5. Adherence to an established budget is complicated when procuring material overseas. Cost estimates provided by in-country representatives are often incomplete, late, and lower than actual cost.
6. Integrating HN engineers into ENCAP projects speeds project completion and builds long-term relationships.

6.4.3 Community Relations Civic Action Program

The COMREL civic action program is a critical element of HCA. Typically these programs are conducted with minimal assistance from the HC or PN. HCA support sea-base crew not conducting or assisting other HCA civic action programs normally participate in the COMREL civic action program. Contributions can include playing on a sea base's athletic team or creating the venue for one of the many ceremonies during a Navy HCA sea-base support period. Most lessons learned on the COMREL civic action program are captured in Chapters 3 and 4. The below bullets are common themes from post-HCA mission briefs on the COMREL civic action program that were not incorporated into Chapters 3 and 4.

1. Inclusion of HCA support sea-base crew who are not conducting or supporting other civic action activities into COMREL civic action program activities generates a sense of ownership for the success of the HCA mission.
2. Sporting events are almost “default” COMREL civic action program activities; they typically are taken seriously by HN. Navy participation should reflect similar appreciation for sport. Navy teams must have uniforms and be knowledgeable about the sports rules. If the Navy team for a given sport will not provide good competition to the HN team or vice versa the HCA commander should consider indentifying a sport where HN and Navy teams are more evenly matched.
3. Donated material requires careful selection, packaging, and documentation in the pre-HCA mission phase. It is not uncommon for donated-material pallets to include inappropriate gifts, gifts for more than one HN, or to lack itemized inventories. Problems with donated-material pallets can also complicate customs clearance and the assembly of gifts for each HN.

6.5 GENERAL ADMINISTRATION

HCA missions require significant administrative management, especially because of the large personnel turnover inherent in HCA missions. During one recent Navy HCA mission nearly 200 personnel either embarked or debarked the Navy HCA sea base. Needless to say, the management of the processes to quickly integrate new personnel into the overall HCA effort and smoothly detach those personnel departing requires considerable forethought and follow-through. The points below represent some common themes that surface in recent post-HCA mission evaluations.

1. Distinguished visitor events during the HCA mission can quickly overwhelm a small PA team. HCA commanders should consider requesting a dedicated protocol officer for the HCA mission.
2. Administration of reservists on HCA missions requires foresight and practicality. HCA reservists are typically funded with several sets of back-to-back active duty for training (ADT) orders, which increase administrative workload and introduce opportunities for errors in pay. Crossing of the FYs can also cause difficulties in maintaining reservists during an HCA mission.
3. HC representatives and reserve professionals with active businesses or medical practices require access to web email and other Internet capabilities that are disabled on military unclassified networks. Accommodation of these needs must be made in communication plans.
4. Conduct phone checks from support sea base with all local points of contact prior to the sea base’s arrival. Navy communication’s protocols may typically ban sea-base phone calls to the HN. If this occurs, a communications spot report should be submitted to the applicable naval computer and telecommunications area master station requesting a waiver.

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APPENDIX A

Humanitarian and Civic Assistance Regulations

Acts, statutes, foreign policy initiatives, as well as military and civilian doctrine prescribe HCA-related activities. Understanding what HCA is also requires understanding some complex legal, doctrinal, and political concepts (and their accompanying acronyms). This appendix provides the reader a summary of key statutes, DOD directives, and doctrines that guide what can and cannot be accomplished by the military during HCA missions. Refer any related questions to the SJA.

A.1 HUMANITARIAN AND CIVIC ASSISTANCE STATUTES

The statutory starting point for U.S. HCA definitions is Title 10, U.S.C., §401, Humanitarian and Civic Assistance Provided in Conjunction with Military Operations. Under §401(a) (2) (e), HCA is defined as:

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.

Section 402 deals with transportation of non-governmental-sourced humanitarian relief supplies to foreign countries. Acquisition and cross-servicing agreements (ACSAs) with North Atlantic Treaty Organization (NATO) and non-NATO nations also fill servicing and supply requirements for and between military forces during humanitarian relief and other operations.

The U.S. Congress' FY 1995 defense appropriation added yet another acronym to the HCA-related lexicon, "Overseas Humanitarian, Disaster and Civic Aid Program." Congress created this program as one discrete, unified O&M funding authorization, so all FHA and HCA falls under one statutory basis. This term includes foreign disaster assistance under §404, amongst other FHA- and HCA-related Title 10 U.S.C. sections. The new §404, Foreign Disaster Assistance, states that the President may "direct the Secretary of Defense to provide disaster assistance outside the U.S. to respond to manmade or natural disasters when necessary to prevent loss of life."

Under Title 10 U.S.C. §166a, Congress gave CCDRs special Combatant Commander Initiative Funds (CCIFs). CCIFs provide CCDRs with funds to support unprogrammed new emergent requirements that occur during the FY. Included among the various purposes for which the funds may be utilized are, for command and control, joint exercises, HCA, military education and training to military and related civilian personnel of foreign countries, personnel expenses of defense personnel participating in bilateral or regional cooperation programs, and FP. Additional information on CCIFs is available in "CJCS Instruction (CJCSI) 7401.01 (Series)," CCDR Initiative Fund, which is discussed below.

In addition to these statutory regulations, Congress frequently earmarks funds to help increase mil-to-mil, FHA, and HCA activities within a CCDR's area of responsibility (AOR). One such earmark is the Asia Pacific Regional Initiative (APRI). The congressional language of APRI from the FY08 Defense Appropriation; H.R. 3222, Section 8103 reads as follows: "Up to \$12,000,000 of the funds appropriated under heading, Operation and

Maintenance Navy” may be made available for the Asia Pacific Regional Initiative Program for the purpose of enabling the PACOM to execute Theater Security Cooperation activities such as humanitarian assistance, and payment of incremental and personnel costs of training and exercising with foreign security forces: provided that funds made available for this purpose may be used, notwithstanding any other funding authorities for humanitarian assistance, security assistance, or combined exercise expenses, and *provided further* that funds may not be obligated to provide assistance to any foreign country that is otherwise prohibited from receiving such type of assistance under any other provision of law.

A.2 DOD DIRECTIVES AND INSTRUCTIONS

In addition to CJCSI 7401.01 (series) there are two DODI, DODI 2205.2 and DODI 2205.3, which address HCA conduct.

1. CJCSI 7401.01 (series). Subject: CCDR Initiative Fund. These funds are appropriated to the Chairman Joint Chiefs of Staff for distribution to CCDRs to support unprogrammed new emergent requirements that occur during the FY. One of the recognized possible emergent requirements is HCA. This limited distribution instruction provides guidance to CCDRs on the proper use of these funds and the processes to follow to request release from the Chairman.
2. DODI 2205.02. Subject: humanitarian and civic assistance (HCA) activities. This instruction outlines the HCA responsibilities of the Under Secretary of Defense for Policy (USD (P)), Assistant Secretary of Defense for Global Security Affairs (ASD (GSA)), Under Secretary of Defense for Personnel and Readiness (USD (P&R)), secretaries of the military departments, chairman of the Joint Chiefs of Staff and commanders of the combatant commands. It further specifies authorized conduct of HCA activities governed by Section 401 of Title 10, U.S.C. HCA activities are planned events that require secretary of state or designee approval before being executed. They complement, not duplicate, other forms of social or economic assistance provided to the HN by other U.S. departments or agencies within their AOR. Expenses incurred as a direct result of providing HCA (other than minimal-cost HCA) to a foreign country shall be paid for with funds specifically appropriate for such purposes. This instruction defines two types of HCA missions: minimal-cost HCA and congressionally funded HCA activities.
 - a. Minimal-cost HCA. The maximum amount authorized for a minimal-cost project is included in the annual HCA guidance message prepared by the Assistant Secretary of Defense for Global Security Affairs (ASD (GSA)). The determination that expenditure is “minimal” shall be made by the commanders of the combatant commands:
 - (1) For activities within their respective AORs.
 - (2) In the exercise of the commander’s reasonable judgment.
 - (3) In light of the overall cost of the military operation in which such expenditure is incurred.
 - (4) For an activity that is incidental to the military operation.
 - (5) Following are examples of minimal-cost HCA:
 - (a) A unit doctor’s examination of villagers for a few hours, with the administration of several shots and the issuance of some medicine, but not the deployment of a medical team for the purpose of providing mass inoculations to the local populace
 - (b) The opening of an access road through trees and underbrush for several hundred yards, but not the asphaltting of a roadway.
 - b. HCA activities. HCA activities conducted within the assigned parameters of Sections 401 and 407 of Title 10, U.S.C. and DODI 2205.5, performed in conjunction with authorized military operations,

include: medical, surgical, dental, and veterinary care provided in rural or underserved areas of a country, including education, training, and technical assistance related to the care provided.

- (1) Construction of rudimentary surface transportation systems.
 - (2) Well drilling and construction of basic sanitation facilities.
 - (3) Rudimentary construction and repair of public facilities.
 - (4) Where a military operation and operational readiness skills are defined, as follows:
 - (a) Military operation. A military action or a strategic, tactical, service, training, exercise, or administrative military mission.
 - (b) Operational readiness skills. Skills possessed by military personnel enabling them to contribute effectively to the capability of their unit and/or formation, ship, weapon system, or equipment to perform the missions or functions for which it was organized or designed.
3. DODI 2205.3. Subject: implementing procedures for the humanitarian and civic assistance (HCA) program. This instruction outlines the procedure followed by combatant commands, chairman of the Joint Chiefs of Staff, and the Office of the Secretary of Defense for the nomination, justification, and approval process for each CCDR's annual HCA activity plan.

A.3 HUMANITARIAN AND CIVIC ASSISTANCE DOCTRINE

Joint Publication 1-06, "Financial Management Support in Joint Operations" provides information on program oversight and sources of HCA funding. Joint Publication 3-0, "Joint Operations," makes brief reference to HCA when discussing the range of military operations and nation assistance (NA) programs. Joint Publication 3-07.1, "Joint Tactics, Techniques, and Procedures for Foreign Internal Defense (FID)," discusses HCA in greater detail, specifically differentiating it from FHA. Joint Publication 3-29, "Foreign Humanitarian Assistance," provides the most in-depth discussion of HCA in joint doctrine. This publication states how HCA is different from other military missions (specifically FHA) and also provides guidance on its funding and activity limitations. Joint Publication 3-34, "Joint Engineer Operations," briefly discusses HCA, summarizing what is in Joint Publication 3-07.1. Joint Pub 3-57, "CMO," provides a brief discussion on HCA, recapping what is in statute and DODI 2205.2. The doctrinal definition for HCA (see text box below) comes from Joint Pub 3-29.

Humanitarian and Civic Assistance. Assistance to the local populace provided by predominantly U.S. forces in conjunction with military operations and exercises. This assistance is specifically authorized by Title 10, United States Code, Section 401, and funded under separate authorities. Also called HCA.

In summation, joint doctrine states the DSCA is responsible for the management of the Overseas Humanitarian, Disaster, and Civic Aid appropriation and maintains oversight of the CCDR's HCA program. There are two primary sources of HCA funding: the annual congressional appropriation per Title 10, U.S.C, Section 401, and CCIF. HCA programs are valuable to the CCDR's support of FID programs, while at the same time offering valuable training to U.S. forces. Joint doctrine defines the difference between HCA and FHA programs. FHA programs focus on the use of DOD excess property, emergency transportation support, disaster relief, or other support as necessary to alleviate urgent needs in a host country caused by some type of disaster or catastrophe. HCA programs are specific programs authorized under Title 10, U.S.C. Section 401 funding. These programs are designed to provide assistance to the HN populace in conjunction with a military exercise. These are usually planned well in advance and are usually not in response to disasters, although HCA activities have been executed following disasters. HCA activities are integrated into the overall FID

program in order to enhance the stability of the geographic CCDR's AOR as well as to improve the readiness of U.S. forces deployed in the theater.

A detailed examination of the legal authorizations and restrictions for HCA are included in Appendix A of JP 3-07.1, "Commander's Legal Considerations."

Navy doctrine discussion of HCA is limited to NWP 3-07, "Naval Doctrine for Military Operations Other-Than-War," and NWP 4-02, "Naval Expeditionary Health Service Support Afloat and Ashore." NWP 3-07 states that HCA is one of three components that comprise NA. NA operations are long-term commitments to regional stability, based on agreements between the United States and individual nations. In addition to HCA, NA is composed of FID and security assistance. (See Figure A-1.)

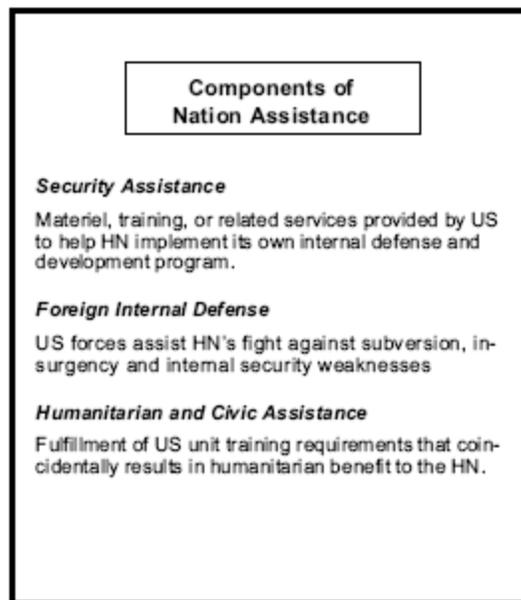


Figure A-1. Components of Nation Assistance (Figure 3-10 of NWP 3-07)

NWP 3-07 describes how Navy HSS, engineering, and logistic forces are valuable HCA program assets. Health support is generally a noncontroversial and cost-effective means of using the military element to support U.S. national interests in another country. HSS initiatives focus less on curing existing conditions and more on preventive medicine and long-term developmental programs that can be sustained by the HN. HSS during these operations is either contingency or planned. Contingency HSS is provided by forward-deployed naval forces, such as carrier strike groups or amphibious ready groups and their organic medical assets. Planned operations consist of units, detachments, and teams of personnel and equipment organized in response to specific situations. Naval HSS support to NA programs are generally provided by medical training teams and advisers. They focus on identifying medical threats that impact the efficiency of the HN military forces and design programs to train and equip these forces. Direct-support programs include training and direct medical, dental, and veterinary care for the military. Direct HSS is provided when the HN lacks the capability to provide specific types of care.

Engineering and logistic assets are self-supporting, flexible, and fully mobile, with considerable civil engineering capability. Construction battalion personnel construct such necessities as roads, accommodation and messing facilities, bridges, wells, and piers. They can also establish water, power, and sanitation services, providing an essential foundation for the conduct of HCA activities by U.S. forces. The permanent nature of their construction ensures that their contribution is longer term and therefore supports the overall objectives of NA programs. Engineering and construction personnel also exchange information on civil engineering topics with HN engineering personnel, forming an integral component of HCA programs. These skills include road development

and maintenance, basic sanitation, and construction and repair of public buildings. Prioritization and implementation of such activities is decided by the U.S. Embassy/diplomatic mission within the HN.

NWP 4-02 has a very limited discussion on HCA, primarily focusing on HCA as a concurrent or follow-on tasking to FHA operations. Four Navy medical units are identified as providers of personnel and material for HCA operations, forward deployable preventive medicine units (FDPMUs), humanitarian support teams (HSTs), forward resuscitative surgery system (FRSS), and hospital ships.

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APPENDIX B

Humanitarian and Civic Assistance Funding

The following is a brief description of many of the appropriated funds used during an HCA mission. During a HCA mission it is common that more than one source of funding will be utilized. HCA commanders and staffs need to be aware of what is an appropriate use for each of these funding sources. Refer any questions to the SJA or logistics officer.

B.1 OPERATIONS AND MAINTENANCE, NAVY TITLE 10

Operations and maintenance funds are funding for expenses, not otherwise provided for, necessary for the operation and maintenance (O&MN) of the Navy as authorized by law under the “necessary & incident” doctrine. These funds are to be used for the day-to-day expenses of training exercises, deployments, and operation and maintenance of U.S. military installations, ships, etc.

B.2 HUMANITARIAN AND CIVIC ASSISTANCE, TITLE 10, UNITED STATES CODE, SECTION 401, DODI 2205.2

HCA funding refers to medical, dental, veterinary, and engineering services provided in rural or underserved areas that will promote (1) the security interests of the United States and the country where the activities will be carried out, and (2) specific operational readiness of service members who will participate in the activities. For this reason most HCA projects are performed in conjunction with military operations. The aid cannot be provided to certain entities including, but not limited to, any individual, group, or organization engaged in military or paramilitary activity. HCA activities conducted under this authority include:

1. Medical, surgical, dental, and veterinary care provided in rural or underserved areas of a country, including education, training, and technical assistance related to the care provided
2. Construction of rudimentary surface transportation systems
3. Well drilling and construction of basic sanitation facilities
4. Rudimentary construction and repair of public facilities.

B.3 MINIMAL-COST HUMANITARIAN AND CIVIC ASSISTANCE, TITLE 10, UNITED STATES CODE, SECTION 401(C)(4)

Unfunded HCA projects requiring minimal expenditures are usually funded from the ship or unit’s O&MN account. The accepted rule of thumb for determining if an HCA project meets minimal-cost standards is: A few sailors, a few dollars, for a few hours.

This program allows commanders to react to HCA projects of opportunity during a military operation that are modest in scope and expenditure (\$10,000 or less). Any HCA project exceeding \$2500 that involves contracting must use a U.S. government-warranted contracting officer. In addition, all minimal-cost projects must be approved through the CCDR and inputted into the TSCMIS and OHASIS databases. The determination that expenditure is “minimal” shall be made by the CCDR:

1. For activities within their respective AORs.

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2. In the exercise of the commander's reasonable judgment.
3. In light of the overall cost of the military operation in which such expenditure is incurred.
4. For an activity that is incidental to the military operation.
5. Following are examples of minimal-cost HCA:
 - a. A unit doctor's examination of villagers for a few hours, with the administration of several shots and the issuance of some medicine, but not the deployment of a medical team for the purpose of providing mass inoculations to the local populace.
 - b. The opening of an access road through trees and underbrush for several hundred yards, but not the asphaltting of a roadway.
 - c. A MCAT visits a past-HCA well project. The solar panel for the well is in disrepair (not due to neglect or poor maintenance) and can be repaired.

B.4 EMERGENCY AND EXTRAORDINARY EXPENSE TITLE 10, UNITED STATES CODE, SECTION 127

Emergency and extraordinary expense funds are secured by SECDEF to pay for emergency or extraordinary expenses (EEEs) that typically are not anticipated and do not receive funding from another specific appropriation. Previously, during HCA missions, sea-base logistics officers charged the EEE funding line for meals consumed by patients, and escorts, while aboard the sea based plus HC personnel and foreign military support staff assigned to the HCA mission. However the FY 09 National Defense Authorization Act contains authorization to use up to one million dollars of Navy O&M funds to pay for such meals at Navy messes.

B.5 OFFICIAL REPRESENTATION FUNDS

A subset of EEE funds, official representation funds (ORFs) are used to uphold the standing and prestige of the United States by extending official courtesies to certain officials and dignitaries of the United States and foreign countries (not fund projects). Typically, numbered fleet commanders administer ORF for afloat units. Fleet directives specify authorized uses of ORF and contain procedures for requesting ORF and required after action documentation.

B.6 LATIN AMERICAN COOPERATION FUNDS

Latin American Cooperation (LATAM COOP) funds are used for hosting official functions and courtesies with Latin American countries (Mexico, South and Central America, the lesser and Greater Antilles Island, and all Caribbean Islands (excluding Virgin Islands, Puerto Rico, and Bermuda). LATAM COOP funds can be used for port visits by Latin American vessels to the United States and port visits by U.S. vessels to Latin American countries. The uses of these funds are generally governed by the same policies as those that govern the use of ORF. Like ORF, LATAM COOP funding requests and associated after action documentation such as expense documentation sheets, receipts, and non-DOD and DOD guest lists shall be submitted to the appropriate numbered fleet commander per the time lines promulgated by the numbered fleet commander.

B.7 ASIA PACIFIC REGIONAL INITIATIVE, SECTION 8105 2007 APP ACT

The APRI is a congressionally earmarked fund for the purpose of enabling PACOM to execute theatre security cooperation activities such as humanitarian assistance and payment of incremental/personal costs of training and exercising with foreign security forces. The funds specifically cannot be used to purchase weapons for foreign governments. Congressional support for APRI funding is renewed each year.

1. The APRI program should not be the primary funding submission vehicle for routine HCA projects. These activities should be planned and submitted via the processes described above for Title 10, U.S.C., Section 401 funding. Accordingly, when adequate funding exists in the Title 10 HCA program budget for HCA projects in the PACOM AOR, APRI will not be the primary resource for funding.
2. However, APRI is an ideal vehicle to fund HCA-related costs associated with unique command-directed “HCA deployments.” HCA deployments involve the deployment of U.S. military forces whose primary focus is to receive training in their professional expertise while completing HCA projects (ENCAP, MEDCAP, DENCAP, VETCAP). The volume of HCA activities associated with these deployments would quickly deplete the annual Title 10, Section 401 HCA budget. An example of an HCA deployment is Commander, Pacific Fleet (COMPACFLT’s) Pacific Partnership. Using APRI funding, COMPACFLT has since FY 2006 deployed annually a sea base, either an MSC ship or Navy warship, to the Western Pacific for the execution of HCA projects in several countries.

B.8 OVERSEAS HUMANITARIAN, DISASTER, AND CIVIC AID, TITLE 2561

OHDACA funds are provided to obtain contracted services for HA work and are designed to promote democratic development and regional stability and to enable countries to recover from conflict; these funds also refurbish and provide transportation of excess nonlethal DOD property. Also funded are Humanitarian Mine Action (HMA) and Foreign Disaster Relief/Emergency Response (FDR/ER). Assistance consists of:

1. Rudimentary construction/repair of public facilities (clinics, schools, orphanages, etc.)
2. Wells, boreholes, and basic sanitation systems
3. Roads/bridges only if they link public to vital resource (i.e., water, clinic, etc.)
4. Excess property
5. Minor new equipment purchases
6. Disaster preparedness seminars
7. Assessments/surveys (e.g., water, sanitation, public health, education).

B.9 HUMANITARIAN ASSISTANCE — EXCESS PROPERTY, SECTION 2557, TITLE 10, UNITED STATES CODE

Also known as “excess non-lethal supplies,” HA-EP funds include any property except: real property, weapons, ammunition, and any other equipment or material that is designed to inflict bodily harm or death. The property must be in operable condition, already in the defense reutilization and marketing office (DRMO) channels; USAID/DOS receives and distributes property to the recipient nation. Equipment consists of: low-tech medical material, generators, office and school supplies, furniture, vehicles, and disaster-management supplies.

B.10 TRANSPORTATION OF HUMANITARIAN SUPPLIES, UNITED STATES CODE 402

Also known as the Denton amendment, this funding provides the authority for DOD to transport on a space-available basis for nongovernmental, privately donated relief supplies (e.g., slow boat). The relief supplies must be in useable condition and suitable for humanitarian purposes. Adequate arrangements must be made for their distribution by the recipient.

B.11 ECONOMY ACT (TITLE 31, UNITED STATES CODE, SECTIONS 1535 AND 1536)

Requests to use DOD resources to transport non-DOD goods and personnel must be sponsored by a federal government executive agency. Requests must be signed by responsible senior officials of the requesting agency to

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certify that movement is in the national interest, that commercial transportation is not adequate, and that reimbursement will be provided.

Occasionally a nongovernmental organization will request DOD transportation support. They may be supported pursuant to the Economy Act if the requested transportation is in direct support of the mission of another federal executive agency. The formal request must come to the DOD from the federal executive agency, and not from the nongovernmental organization. Pursuant to the Economy Act, reimbursement must be made to the DOD by the other federal executive agency, which may, in turn, require reimbursement from the nongovernmental agency pursuant to the User's Act (Title 31, U.S.C. Section 9701). Other criteria still apply (i.e., it must be in the national interest and commercial transportation must not be available).

APPENDIX C

Overseas Humanitarian Assistance Shared Information System/Theater Security Cooperation Management Information System Data Requirements

This appendix provides information on OHASIS entries.

All security cooperation activities should be entered into TSCMIS. Additionally, all HA and HCA projects must be entered into the OHASIS databases. This may appear duplicative, but these databases provide needed information to two different sources.

TSCMIS is growing into a future synchronization tool for support to theater campaign plan and associated annexes. Programmers and policy makers are currently determining a way ahead for the use of TSCMIS as a global database from which all levels of DOD will have access to view our activities, and commands and components can synchronize DOD and interagency efforts. This effort falls under the Office of Secretary of Defense (OSD) building partner capacity portfolio (BCP), as the “BCP Common Operating Picture” TSCMIS is currently used to provide specific activity data to Joint Staff and OSD, particularly with regard to nations undergoing policy considerations. Upon completion of activities claimants are required to update their submissions and provide the activity assessment in the TSCMIS database. This assessment is generally a function of measures of performance of the event based on a country plan goals and objectives. In addition, TSCMIS has the capability to store all activity-related documents and/or AARs. Lacking an AAR, there is little compelling data from which to make resourcing determinations for similar events in the future.

The OHASIS database also provides a placeholder for AARs. HA and HCA projects are approved through the DSCA after coordination with the interagency community. These same organizations look for AAR input at the completion of these projects.

Future plans are to build into TSCMIS the ability to extract approved OHASIS project data and import the base data elements into TSCMIS. This should relieve the administrative burden of dual entries in two databases. Activity owners will still need to complete the objective assessments within TSCMIS, but import capability will eliminate the requirement to physically enter data into TSCMIS and OHASIS for all HA and HCA projects.

Both TSCMIS and OHASIS require password-protected accounts for creating entries. Once established, the process for creating projects is fairly straightforward. Typical entries include:

1. Description of activity
2. Event location and proposed dates
3. Cost of project (describe fund use/breakdown)
4. Participants (United States, foreign units, HC, etc.)

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5. Objectives of event and tie-in to other programs/agencies
6. Outcomes to be measured and assessed in AAR
7. Submission of official and contact info
8. Verification that the project fits funding source requirements
9. In-country coordinating agency POC (county team, exercise EA, etc.).

The OHASIS Web site can be found on the NIPRNET at: <https://www.ohasis.org/OHASIS/Login.aspx>

TSCMIS is found on the SIPRNET, usually hosted under the respective combatant commander's Web site.

APPENDIX D

Basic Engineering Summary Matrix

BUILDING TYPE	SIZE	# OF SEABEES	TIME TO COMPLETE	COST
TENSION-FABRIC STRUCTURE	17' X 32'	8-10	7-10 DAYS PER BLDG	\$30K-\$50K
	20' X 48'	10-15	15-20 DAYS PER BLDG	\$75K-\$100K
	40' X 100'	15-20	30-40 DAYS PER BLDG	\$150K-\$200K
STANDARD WOOD	16' X 32' SEA HUT	8-10	4-6 DAYS PER SEA HUT	\$25-\$35 PER SQ FT
	16' X 48' SEA HUT	8-10	5-7 DAYS PER SEA HUT	\$25-\$35 PER SQ FT
	16' X 32' SWA HUT	8-10	5-7 DAYS PER SWA HUT	\$30-\$40 PER SQ FT
	16' X 48' SWA HUT	8-10	7-10 DAYS PER SWA HUT	\$30-\$40 PER SQ FT
METAL	40' X 100 PEB	10-15	50-60 DAYS PER BLDG	\$250K-300 K
	ARCHED 17' X 32'	8-10	7-10 DAYS PER BLDG	\$15-\$25 PER SQ FT
	ARCHED 20' X 65'	10-15	15-20 DAYS PER BLDG	\$15-\$25 PER SQ FT
	ARCHED 40' X 100'	15-20	25-30 DAYS PER BLDG	\$20-\$30 PER SQ FT
CONCRETE BLOCK	1 ROOM BLDG 24' X 26'6"	20-25 *20 & 20 LN	25-30 DAYS PER BLDG *20-25 DAYS PER BLDG	\$35-\$55 PER SQ FT
	2 ROOM BLDG 24' X 52'	20-25 *20 & 20 LN 20	35-40 DAYS PER BLDG *25-30 DAYS PER BLDG	\$35-\$55 PER SQ FT
	3 ROOM BLDG 24' X 77'6"	20-25 *20 & 20 LN	45-50 DAYS PER BLDG *35-40 DAYS PER BLDG	\$35-\$55 PER SQ FT
OTHER	SIZE	# OF SEABEES	TIME TO COMPLETE	COST
WATER WELL	1,200' DEPTH	22-24	8-12 DAYS	\$40-\$60 PER FOOT OF WELL DEPTH
UNDERWATER INSPECTION	N/A	6-7	30 DAYS	\$50K-\$65K
PLAYGROUND	50' X 50' AREA	5-7	7-10 DAYS	\$2,500-\$17K
*Since concrete block structures can incorporate HN labor, time of completion may be shortened.				
Source: Commander First Naval Construction Division 1310 8 th Street, Suite 100 Norfolk, VA 23521, monograph U.S. Navy Seabees Engineering Capabilities Theater Security Cooperation and Foreign Humanitarian Assistance/Humanitarian and Civic Assistance. October 2008				

Figure D-1. Basic Engineering Summary Matrix

Note

Costs listed above are estimates and should be used for scope purposes only.

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APPENDIX E

Checklist Templates

The following checklists should be tailored by the HCA commander’s staff for the specific HCA mission. The checklists provide the generic sequence of major activities for HCA missions and provide the predeployment site survey and advance teams’ guidance on the type of information to be attained during their visits to the HN. This information becomes the foundation for the HCA commander’s CONPLAN/CONOPS.

Humanitarian and Civic Assistance Mission Checklist E-3

This checklist provides a generic time line of events for an HCA mission. The HCA commander and staff should review this checklist and modify the time line to reflect assigned mission constraints. This checklist should be modified to reflect the assigned mission.

Predeployment Site Survey Team Predeployment Actions (Individual) E-6

This checklist provides a listing of issues and items that individual PDSS members need to consider prior to commencing travel for the PDSS. This checklist should be modified (typically adding requirements) to reflect the assigned mission.

Predeployment Site Survey Team Predeployment Actions (Team) E-7

This checklist provides a listing of issues and items the entire PDSS team needs to consider prior commencing travel for the PDSS. This checklist should be modified (typically adding requirements) to reflect the assigned mission.

Predeployment Site Survey Host Nation Data Collection Requirements E-10

This checklist identifies initial PDSS team data collection requirements for each host nation. Prior to PDSS team departure this checklist should be modified to reflect additional requirements associated with the assigned mission.

Predeployment Site Survey HCA Location Data Collection Requirements..... E-11

This checklist identifies the PDSS team data collection requirements for each location in the host nation that the HCA mission will conduct one or more civic action program activities. Prior to PDSS team departure this checklist should be modified to reflect additional requirements associated with the assigned mission.

Medical Civic Action Program Site Survey..... E-16

This checklist identifies the PDSS team data collection requirements for each MEDCAP site at an HCA location. Prior to PDSS team departure this checklist should be modified to reflect additional requirements associated with the assigned mission.

Engineering Civic Action Program Site Survey..... E-17

This checklist identifies the PDSS team data collection requirements for each ENCAP site at an HCA location. Prior to PDSS team departure this checklist should be modified to reflect additional requirements associated with the assigned mission.

Subject Matter Expert Exchange Venue Site Survey E-18

This checklist identifies the PDSS team data collection requirements for each SMEE venue at an HCA location. Prior to PDSS team departure this checklist should be modified to reflect additional requirements associated with the assigned mission.

Advance Team Preparation Predeployment Actions (Individual) E-19

This checklist provides a listing of issues and items that individual members of the advance team need to consider prior to commencing travel for the advance team visit. This checklist should be modified (typically adding requirements) to reflect the assigned mission.

Advance Team Preparation Predeployment Actions (Team) E-20

This checklist provides a listing of issues and items the advance team need to consider prior to commencing travel for the advance team visit. This checklist should be modified (typically adding requirements) to reflect the assigned mission.

Advance Team Host Nation Data Collection Requirements E-23

This checklist identifies initial advance team data collection requirements for each host nation. Prior to advance team departure this checklist should be modified to reflect additional requirements associated with the assigned mission.

Advance Team Location Data Collection Requirements E-24

This checklist identifies the advance team data collection requirements for each location in the host nation that the HCA mission will conduct one or more civic action program activities. Prior to advance team departure this checklist should be modified to reflect additional requirements associated with the assigned mission.

Advance Team Civic Action Program Activity Site Checklist E-27

This checklist identifies the advance team data collection requirements for each civic action program site at an HCA location. Prior to advance team departure this checklist should be modified to reflect additional requirements associated with the assigned mission.

E.1 HUMANITARIAN AND CIVIC ASSISTANCE MISSION CHECKLIST

This checklist provides a generic time line of events for an HCA mission. The HCA commander and staff should review this checklist and modify the time line to reflect assigned mission constraints. This checklist should be modified to reflect the assigned mission.

Humanitarian and Civic Assistance Mission Checklist			Status	
Time	Action	Person/Team Typically Assigned to	Open	Closed
D-1.5 Years	Request funding.	CCDR/NCC		
D-1.75 Years	Develop operational-level CONPLAN.	NCC		
D-1 Year	Conduct initial planning conference <ul style="list-style-type: none"> ▪ NCC's intent ▪ Desired end state ▪ Legal authority for the deployment ▪ Has the request for partnering with NGOs been disseminated via the combatant commander? ▪ Status of MOUs developed with NGOs and other members of HC ▪ Source of funding for feeding and housing of sea-base rider NGOs, patients, and family members ▪ Countries (i.e., host nations) identified for the mission. 	NCC		
	Read NTTP 3-57.3.	ALL		
	Define the request for forces (RFF)/request for capabilities processes.	CSO/XO		
	Develop initial RFF.	CSO/XO		
	Create electronic repository for storage of mission documentation and information requirements.	CSO/XO		
D-11 Months	Conduct tactical-level planning process.	HCA organization		
D-10/7 Months	Commence development of tactical-level CONPLAN.	HCA CDR		
	Liaison with CCDR/NCC country desk officers.	HCA CDR		
	Establish contact with HN country team.	HCA CDR		
	Determine anticipated costs associated with PDSS and advance team visits to HN(s). If required, request Operating/Operational Target (OPTAR) budget increase to cover these costs.	HCA CDR		
	Draft five basic paragraphs of CONPLAN. Identify information shortfalls for investigation by PDSS.	N3		
	Draft Annex A (Task organization) of CONPLAN. Identify information shortfalls for investigation by PDSS.	N6		
	Draft Annex B (Intelligence) of CONPLAN. Identify information shortfalls for investigation by PDSS.	N2		
	Draft Annex C (Operations) of CONPLAN. Identify information shortfalls for investigation by PDSS.	N3		
Draft assessment plan. Identify information shortfalls for investigation by PDSS.	MCAT lead (if assigned) or N3			
Draft ceremony plan. Identify information shortfalls for investigation by PDSS.	HCA CDR's PAO			

Figure E-1. Humanitarian and Civic Assistance Mission Checklist (Sheet 1 of 3)

Humanitarian and Civic Assistance Mission Checklist (Cont.)			Status	
Time	Action	Person/Team Typically Assigned to	Open	Closed
D-10/7 Months (Cont.)	Draft donated-material distribution plan. Identify information shortfalls for investigation by PDSS.	MCAT lead (if assigned) or chaplain		
	Draft force protection plan. Identify information shortfalls for investigation by PDSS.	FP officer		
	Draft operational rhythm plan. Identify information shortfalls for investigation by PDSS.	CSO/XO		
	Draft sea base-to-shore transfer plan. Identify information shortfalls for investigation by PDSS.	Ship CO/CSO/XO		
	Draft Annex D (Logistics) of CONPLAN. Identify information shortfalls for investigation by PDSS.	N4		
	Draft Annex E (Personnel) of CONPLAN. Identify information shortfalls for investigation by PDSS.	CSO/XO		
	Draft deployment, assimilation, and redeployment plan. Identify information shortfalls for investigation by PDSS.	Deployment assimilation, redeployment coordinator		
	Draft Annex F (Public Affairs) of CONPLAN. Identify information shortfalls for investigation by PDSS.	PAO		
	Draft distinguished visitor plan. Identify information shortfalls for investigation by PDSS.	CSO/XO		
	Draft public affairs guidance. Identify information shortfalls for investigation by PDSS.	PAO		
	Draft Annex G (Civil Military Operations) of CONPLAN. Identify information shortfalls for investigation by PDSS.	MCAT lead (if assigned) or CSO/XO		
	Draft Annex K (Communications Systems Support) of CONPLAN. Identify information shortfalls for investigation by PDSS.	N6		
	Draft Annex L (Environmental Considerations) of CONPLAN. Identify information shortfalls for investigation by PDSS.	N3		
	Draft Annex R (Reports) of CONPLAN. Identify information shortfalls for investigation by PDSS.	N3		
	Draft Annex V (Interagency Coordination) of CONPLAN. Identify information shortfalls for investigation by PDSS.	SJA		
D-9 Months	Select PDSS Leader and Team.	HCA CDR		
D-8 Months	Complete PDSS predeployment action checklist.	PDSS Team		
D-7 Months	Collect all identified information shortfalls modify PDSS checklists as needed to ensure data collection requirement recorded.	PDSS team leader		
D-6.5 Months	Conduct predeployment brief to the HCA commander.	PDSS team leader		
D-6 Months	Conduct PDSS.	PDSS Team		
	Request FSLO support.	HCA CDR/NCC		
D-5 Months	Draft Annex P (HN Support) of CONPLAN.	PDSS team leader		
	Draft Annex Q (Medical Services) of CONPLAN.	SMDR/CO MTF		
	Draft medical follow-up plan.	SMDR/CO MTF		

Figure E-1. Humanitarian and Civic Assistance Mission Checklist (Sheet 2 of 3)

Humanitarian and Civic Assistance Mission Checklist (Cont.)			Status	
Time	Action	Person/Team Typically Assigned to	Open	Closed
D-5 Months (Cont.)	Draft emergency action plan for surgical complications.	SMDR/CO MTF		
	Use information collected by PDSS team to complete draft CONPLAN.	HCA organization		
	Submit HCA tactical CONPLAN for HCA CDR review and approval.	CSO/XO		
D-4 Months	Conduct mid-planning conference (brief the approved tactical CONPLAN).	HCA CDR		
	Submit final AMAL requirements to logistics.	Medical		
D-45 Days	Complete/obtain appropriate country clearance/individual FP plans/visas.	HCA organization		
D-30 Days	Define information shortfalls that will require investigation by advance team for each host nation, location, and activity site.	HCA organization		
	Identify advance team for each HCA location.	HCA CDR		
	For each PN participating in mission determine cultural sensitivities: <ul style="list-style-type: none"> ▪ diet/religion ▪ gender ▪ prejudice against members of another PN. 			
D-25	Tailor advance team checklists to ensure identified information shortfalls are investigated.	Advance team lead		
Sea Base arrival-30 Days	Advance team departs to HN.	Advance team leader		
Sea Base arrival-15 days	Advance team augmentation departs to HN.	Advance team leader		
Sea base arrival-10 days	Develop tactical CONOPS from information in CONPLAN and collected by the advance team.	N3		
Sea base arrival-5 days	Present CONOPS to HCA CDR for review/approval.	CSO/XO		
	Training to U.S. military HCA personnel on: (1) Foreign claim documentation. (2) DOD policy regarding political asylum and temporary refuge.	SJA		
Sea base arrival	Arrival ceremony.	CSO/XO		
Sea base departure	Submit lessons learned/assessment of mission.	HCA CDR		

Figure E-1. Humanitarian and Civic Assistance Mission Checklist (Sheet 3 of 3)

E.2 PREDEPLOYMENT SITE SURVEY TEAM PREDEPLOYMENT ACTIONS (INDIVIDUAL)

This checklist provides a listing of issues and items that individual PDSS members need to consider prior commencing travel for the PDSS. This checklist should be modified (typically adding requirements) to reflect the assigned mission.

Predeployment Site Survey Team Predeployment Actions (Individual Actions)		
Status	Task	Comment
	Review NTTP 3-57.3 HCA	
	Complete medical/immunization screening	
	Verify travel documentation complete for each country to be visited	
	Country clearance	
	Passport	
	Visa	
	Complete ISOREP card	
	Complete NCC/# fleet commander mandatory predeployment training	
	Acquire government charge card with at least \$10,000 credit limit	
	Pack sea bag with correct attire for mission	

Figure E-2. Predeployment Actions (Individual)

E.3 PREDEPLOYMENT SITE SURVEY TEAM PREDEPLOYMENT ACTIONS (TEAM)

This checklist provides a listing of issues and items the entire PDSS team needs to consider prior commencing travel for the PDSS. This checklist should be modified (typically adding requirements) to reflect the assigned mission.

Predeployment Site Survey Team Predeployment Actions (Team Actions)		
Status	Task	Comment
	Request port infrastructure vulnerability assessment (PIVA) and port environmental health assessment for each HCA activity site	
	Develop points of contact list	
	Review foreign clearance guide for each country to be visited	
	Review CIA fact book for each country to be visited	
	Liaison with NCC country desk officer for each country to be visited; identify American Embassy points of contact	
	Establish communications with American Embassy points of contact; identify in-country humanitarian community points of contact	
	Define sea bag requirements to ensure each member of PDSS team has correct attire for each country to be visited. In addition to clothing, items to consider include:	
	Laptop computer	
	Electrical plugs for international travel	
	Blank CDs	
	Digital camera	
	Hand-held GPS device	
	Internationally capable cellular phone	
	Insect repellent	
	Sunscreen	
	Rain gear	
	Travel pillow	
	Lightweight blanket	
	Notebook(s)	
	Pens	
	Iridium phone	
	Water purification tablets	
	Basic medicines, including Imodium	
	Request staff judge advocate assistance in identifying memorandums of understanding (MOUs)/status of forces agreement (SOFA)/visiting forces agreements that exist with each country to be visited	

Figure E-3. Predeployment Actions (Team) (Sheet 1 of 3)

Predeployment Site Survey Team Predeployment Actions (Team Actions) (Cont.)			
Status	Task		Comment
	Request medical intelligence reports from armed forces medical intelligence center (AFMIC) for each country to be visited		
	Develop slip sheets for distribution describing the civic action programs that the HCA organization may execute		
		Have slip sheets translated into language of each country being visited	
	Collect paper road and topographical maps and nautical charts for each HCA ashore location		
	Develop measures of effectiveness and measures of performance for PDSS team deployment		
	Verify funding source for PDSS team travel/per diem and process/requirements for team members to file travel claims		
	Establish via liaison with boat operators and helicopter pilots minimum standards for beach landing sites (BLSs) and helicopter landing zones (BLZs)		
	Conduct predeployment brief with HCA commander. Brief will include at minimum:		
		HCA commander's mission statement	
		PDSS team composition, roles, and responsibilities	
		PDSS team itinerary	
		Transportation air/ground	
		Lodging	
		Overview of countries and HCA ashore location(s) to be visited:	
		Planned duration of sea-base support at each site	
		Visa/passport requirements	
		Force protection issues and mitigation plan(s)	
		American Embassy points of contact	
		Humanitarian community points of contact	
		Identified interests or agendas of embassy and humanitarian community	
		Outline of proposed civic action programs	
		Communication plan for coordination with HCA commander and others in the HCA organization not on the PDSS team	
		SJA guidance	

Figure E-3. Predeployment Actions (Team) (Sheet 2 of 3)

Predeployment Site Survey Team Predeployment Actions (Team Actions) (Cont.)				
Status	Task			Comment
			Likely endemic diseases to be encountered and mitigation guidance and prophylaxis given to PDSS team members	
			Information on the existing infrastructure to include:	
			Husbanding agent name, location, reputation	
			Road networks	
			Port capabilities/limitations	
			Airfield capabilities	
			Likely locations for HCA-activity sites	
			Police point of contact	
			Weather prediction for PDSS team visit and HCA mission	
			Format of daily SITREP and other reports to be provided by PDSS team to the HCA organization	
			Funding source for PDSS team travel and per diem	

Figure E-3. Predeployment Actions (Team) (Sheet 3 of 3)

E.4 PREDEPLOYMENT SITE SURVEY HOST NATION DATA COLLECTION REQUIREMENTS

This checklist identifies initial PDSS team data collection requirements for each host nation. Prior to PDSS team departure this checklist should be modified to reflect additional requirements associated with the assigned mission.

Predeployment Site Survey Host Nation Data Collection Requirements		
Status	Task	Comment
	Host nation credentialing requirements for U.S. medical personnel working ashore	
	Host nation credentialing requirements for partner nation medical personnel working ashore	
	Host nation credentialing requirements for humanitarian medical personnel working ashore	
	Key national-level civilian/military/community leaders agendas	
	What are HN customs requirements for material removed from HCA sea base?	
	Identification of limitations on U.S. operations	
	Authorization/limitations for helicopter use in HN air space	
	Uniforms ashore	
	Arming of U.S. personnel ashore for FP	
	Banned medications	
	Banned medical applications	
	Validate accuracy of paper and computer public domain maps for HN	
	Identify HN restrictions concerning media	
	Identify primary means of mass communication within HN	
	Determine if there are any HN/cultural sensitivities to male/female interaction	
	Determine if there are any HN/cultural sensitivities to male/female attire	
	Establish HN media list	
	Identify which HN media reach specific target audiences	
	Build PA background package on HN media outlets	
	Determine means by which media will observe HCA activities	
	Verify embassy/consulate points of contact/emergency numbers and procedures	
	Identify HN customs requirements for import of engineering materials	

Figure E-4. Host Nation Data Collection Requirements

E.5 PREDEPLOYMENT SITE SURVEY HUMANITARIAN AND CIVIC ASSISTANCE LOCATION DATA COLLECTION REQUIREMENTS

This checklist identifies the PDSS team data collection requirements for each location in the host nation that the HCA mission will conduct one or more civic action program activities. Prior to PDSS team departure, this checklist should be modified to reflect additional requirements associated with the assigned mission.

Predeployment Site Survey Humanitarian and Civic Assistance Location Data Collection Requirements		
Status	Task	Comment
	Key regional/local civilian/military/community leaders associated agendas and issues	
	Identification of other humanitarian community activities ongoing in the region	
	Identification of any concurrent U.S. HCA activities ongoing in the region	
	Population demographics	
	Minimum age	
	Average age	
	Maximum age	
	Percentage males/females	
	Number of infants	
	Number of children	
	Number of elderly	
	Immunization status	
	Social/economic demographics	
	Average education	
	Cultural/religious biases	
	Taboos	
	Customs	
	Usual diet of the population	
	Major occupational skills of the population	
	Specific civic action programs identified for this location	
	Medical	
	Public health	
	Veterinarian	
	Engineering	
	Community relations	

Figure E-5. Humanitarian and Civic Assistance Location Data Collection Requirements (Sheet 1 of 5)

Predeployment Site Survey Humanitarian and Civic Assistance Location Data Collection Requirements (Cont.)			
Status	Task		Comment
	Identification of location for each civic action program		
	Remain overnight (RON) HCA activity site survey(s) to include		
		Messing location facilities at site	
		Berthing location facilities at site	
	Site surveys for each civic action program activity site		
	Site surveys for each potential BLS and HLZ location		
	Primary and alternative route surveys from each potential civic action program activity site to/from each potential BLS and HLZ location		
	Security/civic peacekeeping issues/pier/harbor security needs		
	Evaluation of likely HN level of participation		
		Military	
		National government	
		Regional government	
		Local government	
		Other stakeholders	
	Port survey to include		
		Most current chart	
		Depths	
		Navigation hazards	
		Pier information	
		Length	
		Availability of fenders	
		Availability of shore support	
		Electrical	
		Water	
		Sewage	
		Trash removal	
		HN environmental regulations	
	Pilot and tug information		
		Pilot availability	
		Tug power and proficiency	

Figure E-5. Humanitarian and Civic Assistance Location Data Collection Requirements (Sheet 2 of 5)

Predeployment Site Survey Humanitarian and Civic Assistance Location Data Collection Requirements (Cont.)				
Status	Task			Comment
		Anchorage information		
			Bottom depth	
			Bottom type	
			Shore support	
			Water	
			Sewage	
			Trash removal	
		Equipment needed on the pier (shelters, tents, generators)		
	Airfield survey to include			
		Limitations for fixed-wing operations		
			Aircraft size	
			Hours of operation	
		Transportation routes to HLZs and BLSS		
	Validate accuracy of paper and computer public domain maps for HCA location			
	Conduct force protection assessment to include			
		Threat condition for area		
		Pier access		
			Will HN limit pier access?	
		Potential emergency response plan for each HCA activity site		
		Reliability of local police		
		Are HN police sufficient to provide security?		
		Vetting process for HN vendor personnel		
	Transportation support assessment			
		Who can support vehicle requirements?		
		Availability of HN/contracted drivers/vehicles		
	Identify translator requirements			
	Identify potential COMREL projects			
		For each potential COMREL project		
			Identify local stakeholders	
			Visually verify site for suitability	

Figure E-5. Humanitarian and Civic Assistance Location Data Collection Requirements (Sheet 3 of 5)

Predeployment Site Survey Humanitarian and Civic Assistance Location Data Collection Requirements (Cont.)			
Status	Task		Comment
		Determine, if band to perform, HN music preferences/sensitivities	
	Determine media communication infrastructure for this location		
	Collect cost estimates from husbanding agent for sea-base support requirements		
	Collect cost estimates from husbanding agent for HCA activity site-support requirements		
	Acquire data for smart cards		
		Dialing instructions for HN phone systems	
		Sea-base contact information	
		American Embassy contact information	
		USAID contact information	
		HN emergency assistance	
		Ambulance	
		Police	
		Fire	
		Beach detachment phone number	
		Civic action program site contact numbers	
The following data should be collected when medical civic action programs are envisioned for the HCA location			
	Local standard of care		
	Endemic diseases		
	Presence of continuing hazards		
	Availability and accessibility of health care delivery systems and processes		
	Anticipated level of HN medical community participation		
	Local facilities for medical equipment production and supplies		
	Medical and dental capabilities in the area		
	Long-term medical requirements and the ability to maintain continuity of care		
	Medical infrastructure capabilities assessment to include:		
		Available hospital space	
		Pharmacy	

Figure E-5. Humanitarian and Civic Assistance Location Data Collection Requirements (Sheet 4 of 5)

Predeployment Site Survey Humanitarian and Civic Assistance Location Data Collection Requirements (Cont.)			
Status	Task		Comment
		ICUs and ICU equipment	
		Laboratory	
		Blood bank	
		Radiology	
		Surgical	
		Dental	
		Dietary	
		Morgue services	
	Assessment biomedical equipment to be repaired		
		Manufacturer	
		Model number	
		Specific problems	
	Training and education		
		What is the quality of the professional and technical staff?	
		Number of staff certified in advanced cardiac life support (ACLS) and basic cardiac life support (BCLS)?	
	Preplanned response in the event of death during treatment/surgery		
	Patient treatment records		
		Do they exist?	
		Will access be provided?	
	Who will screen patients for treatment: HCA team or HN?		
	Who will prescreen patients for surgery?		
	HN medical treatment limitations/sensitivities		
		Immunizations	
		Surgery	
	Identification of HN referral hospital/facility/organization for patients identified with needs beyond the scope of the mission		

Figure E-5. Humanitarian and Civic Assistance Location Data Collection Requirements (Sheet 5 of 5)

E.6 MEDICAL CIVIC ACTION PROGRAM SITE SURVEY

This checklist identifies the PDSS team data collection requirements for each MEDCAP site at an HCA location. Prior to PDSS team departure this checklist should be modified to reflect additional requirements associated with the assigned mission.

Medical Civic Action Program Site Survey		
Closed	Task	Comment
	Proximity to sea base	
	Means of transport to/from sea base	
	Proximity to nearest trauma center or hospital	
	Means of transport to/from nearest trauma center or hospital	
	Estimated number of patients	
	Focus of care	
	Access to food and water	
	Identification of personnel and material lift requirements from sea base to site	
	Privacy for medical procedures	
	Infrastructure to support medical procedures	
	Electrical power	
	Tables	
	Ability to control patient access and exit	
	Identification of patient waiting area	
	Requirements for canopies or other weather-avoidance items	
	Anticipated number and qualifications of medical personnel to support site demand	

Figure E-6. Medical Civic Action Program Site Survey

E.7 ENGINEERING CIVIC ACTION PROGRAM SITE SURVEY

This checklist identifies the PDSS team data collection requirements for each ENCAP site at an HCA location. Prior to PDSS team departure, this checklist should be modified to reflect additional requirements associated with the assigned mission.

Engineering Civic Action Program Site Survey		
Status	Task	Comment
	Identification of specific engineering activity	
	Identification of engineering manpower requirements	
	Identification of material requirements	
	Identification of equipment requirements	
	Site survey	
	Proximity/access to sea base	
	Proximity/access to nearest trauma center or hospital	
	Identification of personnel and material lift requirements from sea base to site	
	Access to food	
	Access to water	
	Access to sanitation facilities	
	Physical hazards at site that may hinder project accomplishment	
	Identification of predatory work that must occur	
	Identification of transportation routes accessible by required engineering equipment to and from site	
	Determine level of participation by HN partners in event	
	Determine HN limitations to engineering projects	
	Determine availability of engineering construction materials	
	Determine order/delivery process for locally available engineering construction materials	
	For remain overnight sites determine:	
	Locations for berthing team	
	Locations for messing team	
	Requirement for portable generators	
	Determine if sea base will be required to supply gasoline for ashore activities and, if so, quantity required	

Figure E-7. Engineering Civic Action Program Site Survey

E.8 SUBJECT MATTER EXPERT EXCHANGE VENUE SITE SURVEY

This checklist identifies the PDSS team data collection requirements for each SMEE venue at an HCA location. Prior to PDSS team departure this checklist should be modified to reflect additional requirements associated with the assigned mission.

Subject Matter Expert Exchange Venue Site Survey				
Closed	Task			Comment
	Conduct site survey's of proposed SMEE venue			
		Verify suitability		
			Minimal background noise	
			Minimal distractions	
			Infrastructure	
			Chairs	
			Podium	
			Electrical power for audiovisual equipment	
		Ensure site manager aware of and supports planned activity		
		Determine suitability during inclement weather		
		Determine primary and alternative transportation routes to venue		
		Determine vehicle requirements for setup, breakdown, and movement of equipment		

Figure E-8. Subject Matter Expert Exchange Venue Site Survey

E.9 ADVANCE TEAM PREPARATION PREDEPLOYMENT ACTIONS (INDIVIDUAL)

This checklist provides a listing of issues and items that individual members of the advance team need to consider prior to commencing travel for the advance team visit. This checklist should be modified (typically adding requirements) to reflect the assigned mission.

Advance Team Preparation Predeployment Actions (Individual)		
Closed	Task	Comment
	Review NTTP 3-57.3	
	Complete medical/immunization screening	
	Verify travel documentation complete	
	Country clearance	
	Passport	
	Visa	
	Complete isolated personnel report (ISOREP) card	
	Acquire government charge card with at least \$10,000 credit limit	
	Pack sea bag with correct attire for mission	

Figure E-9. Advance Team Preparation Predeployment Actions (Individual)

E.10 ADVANCE TEAM PREPARATION PREDEPLOYMENT ACTIONS (TEAM)

This checklist provides a listing of issues and items the advance team needs to consider prior to commencing travel for the advance team visit. This checklist should be modified (typically adding requirements) to reflect the assigned mission.

Advance Team Preparation Predeployment Actions (Team)		
Closed	Task	Comment
	Review data package developed by PDSS team for HCA ashore location	
	Port infrastructure vulnerability assessment (PIVA)	
	Port environmental health assessment	
	Points of contact list	
	Foreign clearance guide extract the HCA ashore location	
	CIA fact book extract for the HCA ashore location	
	Applicable memorandums of understanding (MOUs)/status of forces agreement (SOFA)/visiting forces agreements	
	Medical intelligence reports from armed forces medical intelligence center (AFMIC) for the HCA ashore location	
	Proposed civic action programs for HCA ashore location and supporting site surveys developed by the PDSS team	
	Road/topographical maps and nautical charts for the HCA ashore location	
	PDSS team site surveys for potential BLS and HLZ locations	
	Ensure NCC country desk officer knows of visit	
	Establish communications with American Embassy points of contact	
	Establish communications with humanitarian community organizations at the HCA location	
	Define sea-bag requirements to ensure each member of advance team has correct attire. In addition to clothing, items to consider include:	
	Laptop computer	
	Electrical plugs for international travel	
	Blank CDs	
	Digital camera	
	Hand-held GPS device	
	Internationally capable cellular phone	
	Insect repellent	

Figure E-10. Advance Team Preparation Predeployment Actions (Team) (Sheet 1 of 3)

Advance Team Preparation Predeployment Actions (Team) (Cont.)			
Closed	Task		Comment
		Sunscreen	
		Rain gear	
		Travel pillow	
		Lightweight blanket	
		Notebook(s)	
		Pens	
		Iridium phone	
		Water purification tablets	
		Basic medicines, including Imodium	
	Develop measures of effectiveness and measures of performance for advance team deployment		
	Verify funding source for advance team travel/per diem and process/requirements for team members to file travel claims		
	Conduct predeployment brief with HCA commander. Brief will include at a minimum:		
		HCA commander's mission statement	
		Advance team composition, roles, and responsibilities	
		Advance team itinerary	
		Transportation air/ground	
		Lodging	
		Overview HCA ashore location	
		Planned duration of sea-base support	
		Planned sites for civic action programs	
		Visa/passport requirements	
		Force protection issues and mitigation plan(s)	
		American Embassy points of contact	
		Humanitarian community points of contact	
		Host nation points of contact to include local hospitals, provincial health officers, police/fire departments, local military	
		Identified interests or agendas of embassy, humanitarian community, and host nation	
		Outline of proposed civic action programs	

Figure E-10. Advance Team Preparation Predeployment Actions (Team) (Sheet 2 of 3)

Advance Team Preparation Predeployment Actions (Team) (Cont.)				
Closed	Task			Comment
			Detailed communications plan to include data/Internet connectivity plan for laptop computers, voice/video communication plan using GSM phones, Iridium phones, local phone cards, or local cell phones	
			SJA guidance	
			Likely endemic diseases to be encountered and mitigation guidance and prophylaxis given to PDSS team members	
			Information on the existing infrastructure to include	
			Husbanding agent name, location, reputation	
			Road networks	
			Port capabilities/limitations	
			Airfield capabilities	
			Likely locations for HCA activity sites	
			Likely locations of BLZ and HLZ to support HCA activities	
			Weather prediction for PDSS team visit and HCA mission	
			Plan to communicate with both local and international NGOs and other members of the humanitarian community	
			Unique issues concerns identified during PDSS visit	
			Format of daily SITREP and other reports to be provided by advance team to the HCA organization	
			Funding source for advance team travel and per diem	
	Develop list of paperwork provided to HN			
	Determine who in HCA organization will be arriving and departing HN during period of time advance team is in HN			
	Get copies of all translated forms for embassy review			
	Get copy of scripts for HCA commanders remarks at opening and closing ceremonies			
	Acquire draft smart card for HCA location			

Figure E-10. Advance Team Preparation Predeployment Actions (Team) (Sheet 3 of 3)

E.11 ADVANCE TEAM HOST NATION DATA COLLECTION REQUIREMENTS

This checklist identifies initial advance team data collection requirements for each host nation. Prior to advance team departure this checklist should be modified to reflect additional requirements associated with the assigned mission.

Advance Team Host Nation Data Collection Requirements			
Closed	Task		Comment
	Coordinate with HN government to:		
		Validate diplomatic clearance for sea base	
		Validate diplomatic clearance for all mobility resources	
		Helicopter	
		Boats	
		Verify uniform restrictions/permissions for:	
		U.S. personnel	
		PN personnel	
		HC personnel	
		Determine recommended liberty restrictions/requirements	
		Develop response plan to any liberty incidents	
		Validate policy for HCA personnel carrying weapons at HCA activity sites	
	Pass following to staff judge advocate:		
		Customs declarations/requirements upon arrival of sea base	
		HN policy concerning crew lists	
		Visa requirements for PN and HC personnel	
		Customs requirements for all material going ashore	
	Verify with embassy staff translation of patient forms		
	Coordinate with country team to determine:		
		Guest lists for:	
		Opening ceremony	
		Closing ceremony	
		Official receptions	
		DV sea-base tours	
	Determine HN media interest and desired media events		
	Have country team review scripts for HCA commander's remarks at opening and closing ceremonies		

Figure E-11. Advance Team Host Nation Data Collection Requirements

E.12 ADVANCE TEAM LOCATION DATA COLLECTION REQUIREMENTS

This checklist identifies the advance team data collection requirements for each location in the host nation that the HCA mission will conduct one or more civic action program activities. Prior to advance team departure, this checklist should be modified to reflect additional requirements associated with the assigned mission.

Advance Team Location Data Collection Requirements			
Status	Task		Comment
	Confirm with port authority:		
		Pier/anchorage assignment	
		Anticipated traffic on pier during visit	
		Port fees	
		Requirements/authorizations for use of intermediary barges	
		Requirements for advanced notice of ship boat movement	
		Pier certifications	
	Visit each proposed HLZ and BLS		
		Confirm no obstacles to landing	
		Identify potential risks activity may result in collateral damage (e.g., rotor wash blowing sand)	
		Determine any preparation requirements	
		If site preparation required, identify who will execute	
		Take pictures of each site from multiple angles and share with pilots and craft commanders	
	Finalize interpreter resources		
	Pair interpreter resources to HCA activity (e.g., medical interpreter for MEDCAP)		
	Finalize ground transportation		
		Verify transport reserved/avail to	
		Move personnel from/to shore arrival site, to/from HCA activity site	
		Move required materials from/to shore arrival site, to/from HCA activity site	
		Transport media, PA, DVs	
		Move personnel/material from/to shore arrival site, to/from air hub	
		Determine primary and alternative routes to/from each HCA activity site	
		Identify FP requirements (if any) along primary and alternative routes	

Figure E-12. Advance Team Location Data Collection Requirements (Sheet 1 of 3)

Advance Team Location Data Collection Requirements (Cont.)			
Status	Task		Comment
	Facilitate integration for personnel arriving in HN during advance team time in HN		
		Ensure airport pickup	
		Brief on accomplishments to date	
	Conduct departure briefings with HN representatives upon completion of sea-base visit		
	Conduct meetings with local health officials to determine:		
		Correct understanding of credentialing requirements of medical personnel	
		U.S. military	
		PN	
		HC	
		Status of prescreening	
		Status of authorization for conducting surgery	
		Status of authorization for conducting preventive medicine activities	
		Concurrence with response plan in event of patient death	
		Access to patient health records	
		HN desires with respect to copies of medical diagnoses	
		Referral process for patients requiring specialized follow-on care	
		Customs requirements for import of medication	
		Customs requirements for import of medical equipment	
		Electrical system requirements	
		110/220	
		Plug adapter	
		Patient selection process (HN, HCA organization, or both)	
		Customs, sensitivities, and social taboos medical staff should be aware of	
		Typical patient profile	
		Health/sanitation documentation requirements (SJA review required)	
	Confirm status of all ordered construction materials		
	Verify engineering project work scope with HN		

Figure E-12. Advance Team Location Data Collection Requirements (Sheet 2 of 3)

Advance Team Location Data Collection Requirements (Cont.)			
Status	Task		Comment
	Develop schedule of events coordinating COMREL civic action program activities, DV visits, band performances, turnover ceremonies, and media events		
	Develop working relationship with local police department/security officials		
	Validate smart card information		
		Dialing instructions for HN phone system(s)	
		Sea-base contact information	
		American Embassy contact information	
		USAID contact information	
		HN emergency assistance	
		Ambulance	
		Police	
		Fire	
		Beach detachment phone number	
		Civic action program site contact numbers	
	Validate vehicle reservations		
	Conduct BLS/HLZ reassessment of suitability for support of HCA activities		
	Validate HN support agreements developed by PDSS		
	Verify cost estimates from husbanding agent for sea-base support requirements		
	Collect cost estimates from husbanding agent for HCA activity site-support requirements		

Figure E-12. Advance Team Location Data Collection Requirements (Sheet 3 of 3)

E.13 ADVANCE TEAM CIVIC ACTION PROGRAM ACTIVITY SITE CHECKLIST

This checklist identifies the advance team data collection requirements for each civic action program site at an HCA location. Prior to advance team departure, this checklist should be modified to reflect additional requirements associated with the assigned mission.

Advance Team Civic Action Program Activity Site Checklist		
Status	Task	Comment
	Visit proposed sites for MEDCAP, DENCAP, and VETCAP civic action program activity	
	Create drawing of site layout during the activity (have drawing validated by activity site manager)	
	Verify no significant changes to site since PDSS survey	
	Verify no other significant events are scheduled to occur at site during HCA activity	
	Validate manager/operator of site is aware of intent to conduct HCA activity at site and approves	
	Coordinate with manager/operator of site any modifications/changes to site needed to support HCA activity (e.g., moving chairs)	
	Review entrance and egress routes from/to sea base, to/from HCA activity site	
	Conduct site visit of all proposed engineering civic action program activity sites	
	Verify required preparatory work proceeding to schedule	
	Verify government has authorized work and required permits attained	
	Ensure prepositioned materials are safely and securely stored	
	Identify emergency evacuation location for each civic action program site	
	Develop site-specific briefs for FP personnel on	
	Arrival and departure times	
	Threat assessment	
	Emergency evacuation location	
	Primary and alternative route to sea base	
	Verify prefabricated materials are manufactured according to schedule	
	Share COMREL civic action program activity personnel requirements with sea base	

Figure E-13. Advance Team Civic Action Program Activity Site Checklist

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APPENDIX F

Internal Daily Report Data

The following provides the information typically provided by civic action programs to the HCA commander for consolidation into the daily OPSUM message to higher command.

F.1 DATA FOR DENTAL CIVIC ACTION PROGRAM INTERNAL DAILY REPORT

For DENCAP HCA activities the internal daily report typically includes the following:

1. Number of HN/HC providers who participated
2. Number of adult dental patients ages 20–40
3. Number of adult dental patients ages 41 and up
4. Number of pediatric dental patients ages 0–10
5. Number of pediatric dental patients ages 11–19
6. Number of teeth pulled (dental extractions) ages 0–10
7. Number of teeth pulled (dental extractions) ages 11–19
8. Number of teeth pulled (dental extractions) ages 20–40
9. Number of teeth pulled (dental extractions) ages 41 and up
10. Number of Cerec crown procedures ages 0–10
11. Number of Cerec crown procedures ages 11–19
12. Number of Cerec crown procedures ages 20–40
13. Number of Cerec crown procedures ages 40 and up
14. Number of nondental extraction/Cerec crown procedures ages 0–10
15. Number of nondental extraction/Cerec crown procedures ages 11–19
16. Number of nondental extraction/Cerec crown procedures ages 20–40
17. Number of nondental extraction/Cerec crown procedures ages 41 and up
18. Lessons learned/issues/remarks.

F.2 DATA FOR ENGINEERING CIVIC ACTION PROGRAM INTERNAL DAILY REPORT

For ENCAP HCA activities, the internal daily report typically includes the following:

1. Project name/description
2. Number of HN/HC participants
3. Estimated completion date
4. Significant issues
5. Team leader remarks
6. Lessons learned/issues/remarks.

F.3 DATA FOR MEDICAL CIVIC ACTION PROGRAM INTERNAL DAILY REPORT

For MEDCAP HCA activities, the internal daily report typically includes the following:

1. Number of HN/HC providers who participated
2. Number of adults treated ages 20–40
3. Number of adults treated ages 41 and up
4. Number of procedures/minor surgeries conducted on adults ages 20–40
5. Number of procedures/minor surgeries conducted on adults ages 41 and up
6. Number of children treated ages 0–10
7. Number of children treated ages 11–19
8. Number of procedures/minor surgeries conducted on children ages 0–10
9. Number of procedures/minor surgeries conducted on children ages 11–19
10. Number of prescriptions filled
11. Number of pharmacy patients
12. Number of optometry patients
13. Number of optometry evaluations
14. Number of prefabricated eyeglasses dispensed
15. Number of sunglasses dispensed
16. Number of biomedical equipment evaluations
17. Number of biomedical equipment repairs
18. Number entomology

19. Number of microbiology examinations
20. Number of preventive medicine contact hours
21. Lessons learned/issues/remarks.

F.4 DATA FOR SURGERY SCREENING INTERNAL DAILY REPORT

For presurgery screening in HCA activities the internal daily report typically includes the following:

1. Number of HN/HC providers who participated
2. Number of patients screened for pediatric (ages 0–19) surgery
3. Number of patients booked for pediatric (ages 0–19) surgery
4. Number of patients screened for general surgery
5. Number of patients booked for general surgery
6. Number of patients screened for plastic surgery
7. Number of patients booked for plastic surgery
8. Number of patients screened for ophthalmology
9. Number of patients booked for ophthalmology
10. Number of patients screened for oral maxillofacial surgery
11. Number of patients booked for oral maxillofacial surgery
12. Number of patients screened for ear, nose, and throat surgery
13. Number of patients booked for ear, nose, and throat surgery
14. Number of patients screened for urology surgery
15. Number of patients booked for urology surgery
16. Number of patients screened for gynecology surgery
17. Number of patients booked for gynecology surgery
18. Number of patients screened for orthopedic surgery
19. Number of patients booked for orthopedic surgery
20. Number of patients screened for gastrointestinal endoscopy
21. Number of patients booked for gastrointestinal endoscopy
22. Number of patients screened for further diagnostic study
23. Number of patients booked for further diagnostic study

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24. Number of patients screened for interventional radiology
25. Number of patients booked for interventional radiology
26. Number of patients screened ages 0–10
27. Number of patients screened ages 11–19
28. Number of patients screened ages 20–40
29. Number of patients screened ages 40 and up
30. Number of patients rejected because of incorrect diagnosis
31. Number of patients rejected because of nonoperable disease
32. Number of patients rejected because comorbidities precluded
33. Number of patients rejected because of active TB
34. Number of patients rejected because expertise not available
35. Number of patients rejected because equipment not available
36. Number of patients rejected because complexity/risk exceeded tolerance
37. Number of patients rejected because there is insufficient time for recovery
38. Lessons learned/issues/remarks.

F.5 DATA FOR SURGICAL INTERNAL DAILY REPORT

For surgical HCA activities, the internal daily report typically includes the following:

1. Number of HN/HC providers who participated
2. Number of pediatric (ages 0–19) surgeries
3. Number of general surgeries
4. Number of plastic surgeries
5. Number of ophthalmology surgeries
6. Number of oral maxillofacial surgeries
7. Number of ear, nose, and throat surgeries
8. Number of urology surgeries
9. Number of gynecology surgeries
10. Number of orthopedic surgeries
11. Number of gastrointestinal endoscopy surgeries

12. Number of patients receiving interventional radiology
13. Lessons learned/issues/remarks.

F.6 DATA FOR SUBJECT MATTER EXPERT EXCHANGE INTERNAL DAILY REPORT

For SMEE HCA activities the internal daily report typically includes the following:

1. HCA organization SMEE provided to HN providers
 - a. Subject
 - b. Hours
 - c. Location (ashore/afloat).
2. HN provider SMEE provided to HCA organization
 - a. Subject
 - b. Hours
 - c. Location (ashore/afloat).
3. Lessons learned/issues/remarks.

F.7 DATA FOR VETERINARY CIVIC ACTION PROGRAM INTERNAL DAILY REPORT

For VETCAP HCA activities the internal daily report typically includes the following:

1. Number of HN/HC providers who participated
2. Number of animals
3. Number of veterinary immunizations
4. Number of veterinary deworming/treatments
5. Number of veterinary surgical procedures
6. Number of veterinary SMEE contact hours
7. Lessons learned/issues/remarks.

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REFERENCES

CJCS Instruction (CJCSI) (Series) 7401.01

CJCSM 3122.01A, Joint Operation Planning and Execution System

DOD 3000.07

DOD 7000.14R, Department of Defense Financial Management Regulations

DODD 4500.9E, Transportation and Traffic Management

DODI 2205.02, Humanitarian and Civic Assistance (HCA) Activities

DODI 2205.3, Implementing Procedures for the Humanitarian and Civic Assistance (HCA) Program

DODI 2205.5

DODI 3000.06, 16 Sept 2009, Combat Support Agencies

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<http://apacs.dtic.mil/apacs/apacsservlet?cmd=apacslogin>

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JP 1-06, Financial Management Support in Joint Operations

JP 3-0, Joint Operations

JP 3-07.1, Joint Tactics, Techniques, and Procedures for Foreign Internal Defense

JP 3-29, Foreign Humanitarian Assistance

JP 3-34, Joint Engineer Operations

JP 3-57, CMO

JP 5-0, Joint Operation Planning

NWP 3-07, Naval Doctrine for Military Operations Other-Than-War

NWP 4-02, Naval Expeditionary Health Service Support Afloat and Ashore

NWP 5-01, Navy Planning

NTTP 3-57.3

Title 10, U.S. Code Section 401, Humanitarian and Civic Assistance Provided in Conjunction with Military Operations

GLOSSARY

antiterrorism (AT). Defensive measures used to reduce the vulnerability of individuals and property to terrorist acts, to include limited response and containment by local military and civilian forces. (JP 1-02. Source: JP 3-07.2)

area of responsibility (AOR). The geographical area associated with a combatant command within which a geographic combatant commander has authority to plan and conduct operations. (JP 1-02. Source: JP 1)

assessment. 1. A continuous process that measures the overall effectiveness of employing joint force capabilities during military operations. 2. Determination of the progress toward accomplishing a task, creating an effect, or achieving an objective. 3. Analysis of the security, effectiveness, and potential of an existing or planned intelligence activity. 4. Judgment of the motives, qualifications, and characteristics of present or prospective employees or “agents.” (JP 1-02. Source: JP 3-0)

civil affairs (CA). Designated Active and Reserve Component forces and units organized, trained, and equipped specifically to conduct civil affairs operations and to support civil-military operations. (JP 1-02. Source: JP 3-57)

civil affairs operations (CAO). Those military operations conducted by civil affairs forces that (1) enhance the relationship between military forces and civil authorities in localities where military forces are present; (2) require coordination with other interagency organizations, intergovernmental organizations, nongovernmental organizations, indigenous populations and institutions, and the private sector; and (3) involve application of functional specialty skills that normally are the responsibility of civil government to enhance the conduct of civil-military operations. (JP 1-02. Source: JP 3-57)

civil-military operations (CMO). The activities of a commander that establish, maintain, influence, or exploit relations between military forces, governmental and nongovernmental civilian organizations and authorities, and the civilian populace in a friendly, neutral, or hostile operational area in order to facilitate military operations, to consolidate and achieve operational U.S. objectives. Civil-military operations may include performance by military forces of activities and functions normally the responsibility of the local, regional, or national government. These activities may occur prior to, during, or subsequent to other military actions. They may also occur, if directed, in the absence of other military operations. Civil-military operations may be performed by designated civil affairs, by other military forces, or by a combination of civil affairs and other forces. (JP 1-02. Source: JP 3-57)

command and control (C2). The exercise of authority and direction by a properly designated commander over assigned and attached forces in the accomplishment of the mission. Command and control functions are performed through an arrangement of personnel, equipment, communications, facilities, and procedures employed by a commander in planning, directing, coordinating, and controlling forces and operations in the accomplishment of the mission. (JP 1-02. Source: JP 1)

community relations (COMREL) 1. The relationship between military and civilian communities. 2. Those public affairs programs that address issues of interest to the general public, business, academia, veterans, Service organizations, military-related associations, and other non-news media entities. These programs are usually associated with the interaction between U.S. military installations and their surrounding or nearby civilian communities. Interaction with overseas non-news media civilians in an operational area is handled by civil-military operations with public affairs support as required. (JP 1-02. Source: JP 3-61)

concept of operations (CONOPS). A verbal or graphic statement that clearly and concisely expresses what the joint force commander intends to accomplish and how it will be done using available resources. The concept is designed to give an overall picture of the operation. Also called commander’s concept or. (JP 1-02. Source: JP 5-0)

course of action (COA). 1. Any sequence of activities that an individual or unit may follow. 2. A possible plan open to an individual or commander that would accomplish, or is related to the accomplishment of the mission. 3. The scheme adopted to accomplish a job or mission. 4. A line of conduct in an engagement. 5. A product of the Joint Operation Planning and Execution System concept development phase and the course-of-action determination steps of the joint operation planning process. (JP 1-02. Source: JP 5-0)

dental civic action program (DENCAP). A dental outreach program to augment host nation dental care services to the host nation populations. Services that can be provided include dental preventive services, tooth extractions, and restorative work.

developmental assistance. U.S. Agency for International Development function chartered under chapter one of the Foreign Assistance Act of 1961, primarily designed to promote economic growth and the equitable distribution of its benefits. (JP 1-02. Source: JP 3-08)

direct liaison authorized (DIRLAUTH). That authority granted by a commander (any level) to a subordinate to directly consult or coordinate an action with a command or agency within or outside of the granting command. Direct liaison authorized is more applicable to planning than operations and always carries with it the requirement of keeping the commander granting direct liaison authorized informed. Direct liaison authorized is a coordination relationship, not an authority through which command may be exercised. (JP 1-02. Source: JP 1)

engineering civic action program (ENCAP). An engineering outreach program to provide engineering activities including repairs and improvements, evaluations and technical assistance.

evasion plan of action (EPA). A course of action, developed prior to executing a combat mission, that is intended to improve a potential isolated person's chances of successful evasion and recovery by providing the recovery forces with an additional source of information that can increase the predictability of the evader's action and movement. (JP 1-02. Source: JP 3-50)

force protection (FP). Preventive measures taken to mitigate hostile actions against Department of Defense personnel (to include family members), resources, facilities, and critical information. Force protection does not include actions to defeat the enemy or protect against accidents, weather, or disease. (JP 1-02. Source: JP 3-0)

foreign humanitarian assistance (FHA). Programs conducted to relieve or reduce the results of natural or man-made disasters or other endemic conditions such as human pain, disease, hunger, or privation that might present a serious threat to life or that can result in great damage to or loss of property. Foreign humanitarian assistance provided by U.S. forces is limited in scope and duration. The foreign assistance provided is designed to supplement or complement the efforts of the host nation civil authorities or agencies that may have the primary responsibility for providing foreign humanitarian assistance. Foreign humanitarian assistance operations are those conducted outside the United States, its territories, and possessions. (JP 1-02. Source: JP 3-33)

foreign internal defense (FID). Participation by civilian and military agencies of a government in any of the action programs taken by another government or other designated organization to free and protect its society from subversion, lawlessness, and insurgency. (JP 1-02. Source: JP 3-05)

health service support (HSS). All services performed, provided, or arranged to promote, improve, conserve, or restore the mental or physical well-being of personnel. These services include, but are not limited to, the management of health services resources, such as manpower, monies, and facilities; preventive and curative health measures; evacuation of the wounded, injured, or sick; selection of the medically fit and disposition of the medically unfit; blood management; medical supply, equipment, and maintenance thereof; combat stress control; and medical, dental, veterinary, laboratory, optometric, nutrition therapy, and medical intelligence services. (JP 1-02. Source: JP 4-02)

helicopter landing zone (HLZ). A specified ground area for landing assault helicopters to embark or disembark troops and/or cargo. A landing zone may contain one or more landing sites. (JP 1-02).

host nation (HN). A nation which receives the forces and/or supplies of allied nations and/or NATO organizations to be located on, to operate in, or to transit through its territory. (JP 1-02. Source: JP 3-57)

humanitarian and civic assistance (HCA). Assistance to the local populace provided by predominantly U.S. forces in conjunction with military operations and exercises. This assistance is specifically authorized by Title 10, United States Code, Section 401, and funded under separate authorities. Also called HCA. (Source JP 3-29. This term and its definition modify the existing term and its definition and are approved for inclusion in JP 1-02.)

humanitarian assistance (HA). Programs conducted to relieve or reduce the results of natural or manmade disasters or other endemic conditions such as human pain, disease, hunger, or privation that might present a serious threat to life or that can result in great damage to or loss of property. Humanitarian assistance provided by U.S. forces is limited in scope and duration. The assistance provided is designed to supplement or complement the efforts of the host nation civil authorities or agencies that may have the primary responsibility for providing humanitarian assistance. (JP 1-02. Source: JP 3-57)

humanitarian community (HC). A collective term used when discussing nongovernmental organizations (NGOs), private voluntary organizations (PVOs) and international organizations (IOs) who participate with military in the conduct of humanitarian and civic assistance missions.

joint operations area (JOA). An area of land, sea, and airspace, defined by a geographic combatant commander or subordinate unified commander, in which a joint force commander (normally a joint task force commander) conducts military operations to accomplish a specific mission. (JP 1-02. Source: JP 3-0)

judge advocate. An officer of the Judge Advocate General's Corps of the Army, Air Force, Marine Corps, and the United States Coast Guard who is designated as a judge advocate. Also called JA. (JP 1-02. Source: JP 1-04)

maritime operations center (MOC). 1. The collective name for the boards, bureaus, cells, centers, and working groups that execute the maritime headquarters maritime operations functions. 2. A physical space in the maritime headquarters that is principally used for the monitoring, assessing, planning, and direction of current operations. (NTRP 1-02. Source: NTTP 3-32.1)

measure of effectiveness (MOE). A criterion used to assess changes in system behavior, capability, or operational environment that is tied to measuring the attainment of an end state, achievement of an objective, or creation of an effect. (JP 1-02. Source: JP 3-0)

measure of performance (MOP). A criterion used to assess friendly actions that is tied to measuring task accomplishment. (JP 1-02. Source: JP 3-0)

medical civic action program (MEDCAP). A medical outreach program provided ashore to augment host nation healthcare services including primary care, immunizations, dermatology, optometry, pharmacy, biomedical repair and minor surgery.

memorandum of understanding (MOU). A document that specifies actions and responsibilities to be performed by the provider and receiver but only in general terms. Where applicable, an MOU should be backed by an inter-Service support agreement. (NTRP 1-02)

military assistance advisory group (MAAG). A joint Service group, normally under the military command of a commander of a unified command and representing the Secretary of Defense, which primarily administers the U.S. military assistance planning and programming in the host country. (JP 1-02).

military civic action. The use of preponderantly indigenous military forces on projects useful to the local population at all levels in such fields as education, training, public works, agriculture, transportation, communications, health, sanitation, and others contributing to economic and social development, which would

also serve to improve the standing of the military forces with the population. (U.S. forces may at times advise or engage in military civic actions in overseas areas.) (Source: JP 3-57)

nation assistance. Civil and/or military assistance rendered to a nation by foreign forces within that nation's territory during peacetime, crises or emergencies, or war based on agreements mutually concluded between nations. Nation assistance programs include, but are not limited to, security assistance, foreign internal defense, other Title 10, U.S.Code programs, and activities performed on a reimbursable basis by Federal agencies or intergovernmental organizations. (JP 1-02. Source: JP 3-0)

nongovernmental organization (NGO). A private, self-governing, not-for-profit organization dedicated to alleviating human suffering; and/or promoting education, health care, economic development, environmental protection, human rights, and conflict resolution; and/or encouraging the establishment of democratic institutions and civil society. (JP 1-02. Source: JP 3-08)

operational control (OPCON). Command authority that may be exercised by commanders at any echelon at or below the level of combatant command. Operational control is inherent in combatant command (command authority) and may be delegated within the command. Operational control is the authority to perform those functions of command over subordinate forces involving organizing and employing commands and forces, assigning tasks, designating objectives, and giving authoritative direction necessary to accomplish the mission. Operational control includes authoritative direction over all aspects of military operations and joint training necessary to accomplish missions assigned to the command. Operational control should be exercised through the commanders of subordinate organizations. Normally this authority is exercised through subordinate joint force commanders and Service and/or functional component commanders. Operational control normally provides full authority to organize commands and forces and to employ those forces as the commander in operational control considers necessary to accomplish assigned missions; it does not, in and of itself, include authoritative direction for logistics or matters of administration, discipline, internal organization, or unit training. (JP 1-02. Source: JP 1)

partner nation (PN). Those nations that the United States works with to disrupt the production, transportation, distribution, and sale of illicit drugs, as well as the money involved with this illicit activity. (JP 1-02. Source: JP 3-07.4)

port of debarkation (POD). The geographic point at which cargo or personnel are discharged. This may be a seaport or aerial port of debarkation; for unit requirements; it may or may not coincide with the destination. (JP 1-02. Source: JP 4-0)

port of embarkation (POE). The geographic point in a routing scheme from which cargo or personnel depart. This may be a seaport or aerial port from which personnel and equipment flow to a port of debarkation; for unit and non-unit requirements, it may or may not coincide with the origin. (JP 1-02. Source: JP 4-01.2)

public affairs (PA). Those public information, command information, and community relations activities directed toward both the external and internal publics with interest in the Department of Defense. (JP 1-02. Source: JP 3-61)

public affairs guidance (PAG). Normally, a package of information to support the public discussion of defense issues and operations. Such guidance can range from a telephonic response to a specific question to a more comprehensive package. Included could be an approved public affairs policy, contingency statements, answers to anticipated media questions, and community relations guidance. The public affairs guidance also addresses the method(s), timing, location, and other details governing the release of information to the public. Public affairs guidance is approved by the Assistant to the Secretary of Defense for Public Affairs. (JP 1-02. Source: JP 3-61)

request for information (RFI). 1. Any specific time-sensitive ad hoc requirement for intelligence information or products to support an ongoing crisis or operation not necessarily related to standing requirements or scheduled intelligence production. A request for information can be initiated to respond to operational requirements and will

be validated in accordance with the combatant command's procedures. 2. The National Security Agency/Central Security Service uses this term to state ad hoc signals intelligence requirements. (JP 1-02. Source: JP 2-0)

security cooperation. All Department of Defense interactions with foreign defense establishments to build defense relationships that promote specific U.S. security interests, develop allied and friendly military capabilities for self-defense and multinational operations, and provide U.S. forces with peacetime and contingency access to a host nation. (JP 1-02. Source: JP 3-07.1)

situation report (SITREP). A report giving the situation in the area of a reporting unit or formation. (JP 1-02)

status-of-forces agreement (SOFA). An agreement that defines the legal position of a visiting military force deployed in the territory of a friendly state. Agreements delineating the status of visiting military forces may be bilateral or multilateral. Provisions pertaining to the status of visiting forces may be set forth in a separate agreement, or they may form a part of a more comprehensive agreement. These provisions describe how the authorities of a visiting force may control members of that force and the amenability of the force or its members to the local law or to the authority of local officials. (JP 1-02. Source: JP 3-16)

subject matter expert exchange (SMEE). Terminology used for training and education activities during humanitarian and civic assistance missions due to some HNs being sensitive to the words "training" and "education."

veterinary civic action programs (VETCAP). A program provided to augment host nation livestock services including animal husbandry education, surgery, and animal checkups.

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LIST OF ACRONYMS AND ABBREVIATIONS

AAR	after action review/after action report
ACLS	advance cardiac life support
ACSA	acquisition and cross-servicing agreement
ADT	active duty for training
AFMIC	Armed Forces Medical Intelligence Center
AFRICOM	Africa Command
AIDS	acquired immune deficiency syndrome
AMAL	authorized medical allowance list
AMEMB	American Embassy
AOR	area of responsibility
APACS	aircraft and personnel automated clearance system
APRI	Asia Pacific Regional Initiative
ASD(GSA)	Assistant Secretary of Defense for Global Security Affairs
AT	antiterrorism
ATFP	anti-terrorism force protection
BCLS	basic cardiac life support
BCP	building partner capacity portfolio
BGAN	Broad Global Area Network
BLS	beach landing site
BMET	biomedical equipment technician
BOM	bill of material
BUMED	Bureau of Medicine and Surgery
C2	command and control
CA	civil affairs

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CCDR	combatant commander
CCIF	Combatant Commander Initiative Fund
CD	compact disc
CEC	civil engineer corps
CHINFO	Chief of Information
CIA	Central Intelligence Agency
CICSI	Chairman of the Joint Chiefs of Staff instruction
CIM	civil information management
CJCS	Chairman of the Joint Chiefs of Staff
CMO	civil-military operations
CO	commanding officer
COA	course of action
COMPACFLT	Commander, Pacific Fleet
COMREL	community relations
CONOPS	concept of operations
CONPLAN	concept plan
CR	civil reconnaissance
CSO	chief staff officer
DAO	defense attaché's office
DARC	deployment, assimilation and redeployment coordinator
DATT	defense attaché
DEET	N, N-diethyl-m-toluamide
DENCAP	dental civic action program
DIRLAUTH	direct liaison
DMOP	director of medical operations
DOD	Department of Defense
DODI	Department of Defense instructions
DOS	Department of State

DRMO	defense reutilization and marketing office
DSCA	Defense Security Cooperation Agency
DV	distinguished visitor
ECOMS	executive committee of the medical staff
EEE	emergency or extraordinary expenses
ENCAP	engineering civic action program
EPA	evasion plan of action
ER	emergency response
FDPMU	forward deployable preventive medicine unit
FDR	foreign disaster relief
FHA	foreign humanitarian assistance
FHTN	Fleet Home Town News
FICM	fleet intelligence collection manual
FID	foreign internal defense
FISC	fleet industrial supply center
FP	force protection
FRSS	forward resuscitative surgery system
FSLO	foreign service liaison officer
FY	fiscal year
GPS	global positioning system
GSM	global system for mobile communications
HA	humanitarian assistance
HA-EP	humanitarian assistance-excess property
HC	humanitarian community
HCA	humanitarian and civic assistance
HDM	humanitarian assistance, disaster relief and mine action
HIV	human immunodeficiency virus
HLZ	helicopter landing zone

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HMA	humanitarian mine action
HN	host nation
HSS	health service support
HST	humanitarian support team
HVAC	heating, ventilation, and air conditioning
IATP	individual anti-terrorism plan
ICU	intensive care unit
INMARSAT	International Maritime Satellite Organization
IO	international organization
ISOPREP	isolated personnel report
JAGMAN	Manual of the Judge Advocate General
JCSE	joint communications support element
JFTR	joint Federal travel regulations
JOA	joint operations area
JOPEs	Joint Operation Planning and Execution System
JTF	joint task force
JTR	joint travel regulations
JUSMAG	Joint United States Military Advisory Group
LATAM COOP	Latin American Cooperation
LCAC	landing craft, air cushion boats
LCU	landing craft utility
LNO	liaison officer
LOGREQ	logistics requirements
LZ	landing zone
MCAST Command	Maritime Civil Affairs and Security Training Command
MCAT	maritime civil affairs team
MCAU	maritime civil affairs unit
MEDCAP	medical civic action program

MILSTRIP	military standard requisitioning and issue procedure
MOC	maritime operations center
MOE	measure of effectiveness
MOP	measure of performance
MOU	memorandum of understanding
MRE	meal, ready to eat
MSC	Military Sealift Command
MTF	medical treatment facility
MWR	morale, welfare, and recreation
NA	nation assistance
NALO	Navy Air Logistics Office
NATO	North Atlantic Treaty Organization
NATT	Naval attaché
NCC	Navy component commander/Navy component command
NCF	naval construction forces
NCIS	Naval Criminal Investigative Service
NECC	Navy Expeditionary Combat Command
NEPMU	Navy environmental and preventive medicine units
NGO	nongovernmental organization
NIPRNET	Non-Secure Internet Protocol Router Network
NMCI	Navy Marine Corps Intranet
NPP	Navy planning process
NTTP	Navy tactics, techniques, and procedures
NWP	Navy warfare publication
O&M	operations and maintenance
OHASIS	Overseas Humanitarian Assistance Shared Information System
OIC	officer in charge
OPCON	operational control

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OPNAV	Office of the Chief of Naval Operations
OPSUM	daily operational summary
OPTAR	operating/operational target
OR	operating room
ORF	official representation fund
OSD	Office of the Secretary of Defense
PA	public affairs
PACOM	Pacific Command
PAG	public affairs guidance
PAO	public affairs officer
PDSS	predeployment site survey
PIVA	port integrated vulnerability assessment
PLANORD	planning order
PN	partner nation
POC	point of contact
POD	port of debarkation/print on demand
POE	port of embarkation
POLAD	policy advisor
PVO	private voluntary organization
QA	quality assurance
RFC	request for capability
RFF	request for forces
RFI	request for information
RHIBS	rigid hull inflatable boats
RON	remain overnight
SEA	Southeast Asia
SECNAV	Secretary of the Navy
SES	senior executive service

SIPRNET	SECRET Internet Protocol Router Network
SITREP	situation report
SJA	staff judge advocate
SMDR	senior medical department representative
SME	subject matter expert
SMEE	subject matter expert exchange
SOFA	status-of-forces agreement
SORM	standard organization and regulations manual
SOUTHCOM	Southern Command
SREC	surgical risk evaluation council
SWA	Southwest Asia
TB	tuberculosis
TSCMIS	Theater Security Cooperation Management Information System
UCT	underwater construction team
UN	United Nations
UNHCR	United Nations Office of the High Commissioner for Refugees
UNICEF	United Nations Children's Fund
US	United States
USAID	United States Agency for International Development
U.S.C.	United States Code
USCG	United States Coast Guard
USD(P)	Under Secretary of Defense for Policy
USD(P&R)	Under Secretary of Defense for Personnel and Readiness
USMC	United States Marine Corps
USN	United States Navy
USNS	United States Naval Ship
USS	United States Ship
VETCAP	veterinary civic action program

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VFA	visiting forces agreement
WFP	World Food Program
WHO	World Health Organization
XO	executive officer

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