

CHAPTER 10

PREVENTIVE MEDICINE SERVICES

10-1. The Medical Threat

a. History provides many examples of battles that were lost because troops were immobilized by disease, heat, and cold. The medical threat that accounts for the vast majority of combat noneffectiveness can be reduced to six broad categories. These categories are—

(1) Heat injuries caused by heat stress and insufficient water consumption.

(2) Cold injuries caused by combinations of low temperatures, wind, and wetness.

(3) Diseases caused by arthropod/animal bites, environmental conditions, or biological warfare.

(4) Diarrheal diseases caused by—

- Drinking impure water.
- Eating contaminated foods.
- Not practicing good individual and unit preventive medicine measures.

(5) Diseases, trauma, or injuries caused by physical or mental unfitness.

(6) Environmental or occupational injuries caused by carbon monoxide, noise, blast overpressure, and solvents.

b. See FMs 8-50, 8-55, 8-230, 8-250, 21-10, and 21-10-1 for additional discussions on preventive medicine.

10-2. Prevention of Disease and Injury

Prevention of disease and injury reduces manpower losses, patient loads, and evacuation requirements. Command interest and commitment to the preventive medicine program are essential. Timely and effective implementation of the appropriate preventative medicine measures to counter the medical threat will serve as a combat multiplier by—

- Enhancing unit effectiveness.

- Reducing individual soldier's exposure to disease and environmental threats.

10-3. Scope of Preventive Medicine Services

The scope of preventive medicine services includes—

- Providing assistance in the control of arthropod- and rodentborne diseases, including technical consultation, entomological surveillance, and reinforcement of the tactical unit's organic pest-management capabilities.

- Providing assistance in the control of waterborne diseases by monitoring the water quality.

- Providing assistance in the control of foodborne diseases by monitoring food service operations and providing guidance to commanders.

- Providing policy guidance and monitoring compliance for immunization and drug prophylaxis activities.

- Providing assistance in the control of excessive occupational exposures to such hazards as radiation, toxic gases, noise, and climatic extremes.

- Providing assistance to intelligence analysts in evaluating—

- Elements of the medical threat.
- The risk to the force associated with identified elements of medical threat.
- The integration of intelligence and medical threat into planning and executing HSS operations.

- Educating troops in disease prevention measures including those measures used to reduce risks from BW agents.

- Training unit field sanitation teams.

- Providing technical consultation on selecting and developing bivouac sites, cantonment areas, refugee camps, and EPW compounds.

- Providing professional and technical advice to commanders at all levels on measures to reduce noneffectiveness from disease and nonbattle injury.

- Surveying military environments to detect and identify health hazards and to formulate means for minimizing their effects.

- Investigating disease outbreaks and recommending control measures.

10-4. Preventive Medicine Integration

Support for training and combat operations must be an integrated approach. It should begin with the individual soldier, and it should continue through the unit, to the division, the corps, and echelons above corps.

a. Individual and Echelon I preventive medicine measures are a command responsibility. Assistance is provided by organic medical personnel and the unit field sanitation team.

b. The Echelon II preventive medicine sections of the divisions, separate brigades, and ACRs are responsible for—

- Assessing the medical threat and determining preventive medicine measures.

- Advising commanders and staffs of preventive medicine requirements.

- Training, monitoring, and providing technical assistance to unit field sanitation teams.

- Monitoring the training of all individuals in personal preventive medicine measures.

- Conducting surveys, inspections, and control activities.

10-5. Preventive Medicine Technical Support

a. Echelon III and IV general support is provided by preventive medicine teams on an area

basis. On occasion, these teams can be attached to specific units in a direct support role.

b. Preventive medicine teams contribute to the preventive medicine mission of providing services and support within a theater of operations in the areas of epidemiology, entomology, environmental science, and engineering. Teams are assigned on a basis of allocation which may be altered by analyzing the medical threat. These teams require logistical support. The teams are described below.

(1) *Team AM, headquarters, preventive medicine service, TOE 08-600H0.* This team provides command and control for preventive medicine teams and consultation in epidemiology, environmental sanitation, entomology, and preventive medicine aspects of veterinary medicine.

(2) *Preventive medicine teams, TOE 08-620H0.*

(*a*) Team LA, entomology, provides entomology support to include field study, survey, and control of arthropods and rodents. It also provides support in related environmental problem areas. Team LA is capable of dividing into one survey section and three control sections.

(*b*) Team LB, environmental sanitation, provides support and assistance in the evaluation and correction of health hazards associated with food service, water treatment and distribution, troop housing, waste disposal, industrial hygiene, and other environmental areas.

(*c*) Team LC, environmental engineering, provides support and services similar to those of the Team LB. Team LC also provides consultation and services on sanitary engineering aspects of water and waste water treatment and environmental pollution control.

(*d*) Team LD, epidemiology, provides epidemiological evaluation of conditions affecting the health of supported military and civilian populations.

(*e*) Team LE, entomology laboratory, provides laboratory support for one to three LA teams.

c. The role of the preventive medicine consultants at the various corps and echelon above corps medical headquarters is discussed in Chapter 2 and Appendix A.

d. Additional preventive medicine assets to support the overall theater preventive medicine program are found in civil affairs units. These assets assist in support for the civilian population (displaced persons, refugees, and evacuees) as well

as interface with the civilian government on public health issues.

10-6. Conversion of Preventive Medicine Units

Preventive medicine units described in this chapter are organized under the H-edition TOE. However, units will be converted (or are in the process of conversion) to the L-edition TOE described in Appendix F.