DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL DEPARTMENT CENTER AND SCHOOL
2250 STANLEY ROAD
FORT SAM HOUSTON, TEXAS 78234-6100

AMEDDC&S Pamphlet
No. 525-66

Military Operations

MEDICAL FUTURE OPERATIONAL CAPABILITIES

TABLE OF CONTENTS

	PARAGRAPH	PAGE
CHAPTER 1. GENERAL		
HISTORY	1-1	1
PURPOSE	1-2	1
REFERENCES	1-3	1
EXPLANATION OF ABBREVIATIONS AND ACRONYMS	1-4	2
FUTURE OPERATIONAL CAPABILITY	1-5	2
CHAPTER 2. MEDICAL FUTURE OPERATIONAL CAPABILITIES		
CLEARING THE BATTLEFIELD, MD-02-001	2-1	4
HOSPITALIZATION, MD-02-002	2-2	8
MEDICAL FORCE PROTECTION, MD-02-003	2-3	10
COMBAT HEALTH LOGISTICS, MD-02-004	2-4	15
APPENDIX A EXPLANATION OF ABBREVIATIONS AND ACRONYMS		

CHAPTER 1

GENERAL

1-1. HISTORY. This is the initial printing of this publication. Future Operational Capabilities (FOC) are structured statements of desired operational capabilities. These capabilities establish the foundation upon which medical requirements are based in order to achieve the progressive ideas articulated in approved warfighting and operational concepts. As such, FOC serve as a cornerstone for the United States (US) Army Medical Department (AMEDD) requirements determination process, to include conducting studies and experimentation. FOC also provide focus for AMEDD science and technology (S&T) programs.

1-2. PURPOSE. This pamphlet (pam) describes the FOC requirements generated by the Army Medical Department Center and School (AMEDDC&S), Directorate of Combat and Doctrine Development. FOC translate concepts into discrete, subset statements of need. FOC are utilized by AMEDD doctrine, training, and combat developers; AMEDD materiel developers; and other AMEDD agencies as necessary and as required.

1-3. REFERENCES.

a TRADOC Pam 71-9, Requirements Determination.

b TRADOC Pam 525-5, Force XXI Operations.

c. TRADOC Pam 525-50, Operational Concept for Combat Health Support

d. TRADOC Pam 525-66, Force Operating Capabilities

1-4. EXPLANATION OF ABBREVIATIONS AND ACRONYMS. Abbreviations and acronyms used in this publication are explained in Appendix A.

1-5. FUTURE OPERATIONAL CAPABILITY PROCESS

a. FOC are statements of operational capabilities desired by the Army to develop the warfighting concepts of operation found in Training and Doctrine Command (TRADOC) Pam 525 Series.

b. Approved by the Proponent Commander, FOC address specific warfighting capabilities not functions or operations. They describe those capabilities in operational terms, what must be done, not how to do it. The FOC provide a stand-alone description of the capability.

c. FOC do not describe a deficiency or shortcoming. They do not provide or identify a system specification, specific technology, organization or time frame and they do not encompass an entire branch or functional concept. FOC do not use relational or comparative words or phrases.

d. Applications.

(1) FOC articulate required and desired capabilities that form the basis for determining warfighting requirements in doctrine, training, leader development, organization, materiel, and soldiers (DTLOMS) support systems. A FOC forms the basis for conducting experimentation to define and refine requirements. A FOC states desired capabilities across the full dimension of operations.

(2) FOC are used to focus organizational and functional structure changes through the force design update process as the Army changes its organization to meet national military strategy guidance.

(3) FOC are employed in the TRADOC S&T reviews as the yardstick for assessing the relevance of individual S&T efforts. As Army Force Operating Capabilities guide the Army's S&T investment, the proponent FOC is used as a foundation in the S&T investment process.

(4) Materiel developers and industry use FOC as a reference to guide independent research and development and to facilitate horizontal technology integration.

(5) Perceptions of shortfalls derived from S&T reviews generate dialogue with the materiel developers to confirm or resolve the perceived shortfalls. Confirmed shortfalls are to be considered in budgetary, planning, and programming reviews by the materiel developer. Shortfalls that exceed Army resource capabilities can be identified to industry to permit discretionary industry investments in needed areas.

(6) FOC are used within the Army Science and Technology Master Plan (ASTMP) process to provide a warfighting focus and support with technology-based funding.

(7) Proponent's FOC are employed in support of the Army science and technology objectives (STO) process as the measure of warfighting merit. Candidate efforts selected as Army STO within this process are published in the ASTMP as the most important S&T objectives for the Army research and development community. The STO review provides the basis for the construction of advanced technology demonstrations (ATD). Army STO receive senior Army leadership oversight and have priority for resourcing.

(8) ATD address selected high priority Army and proponent FOC and demonstrate a capability that does not currently exist. ATD are resource-intensive and provide the medium to conduct troop interaction with mature technologies. The ATD plan is jointly developed between TRADOC and the materiel developer with exit criteria established to execute the ATD. ATD management plans are briefed to a council of colonels and approved at the Army Science and Technology Work Group (ASTWG).

(9) All warfighting requirements must have linkage through an FOC to an approved branch, operational or functional concept supporting the overarching concept and the TRADOC Commander's vision.

e. FOC Reviews.

(1) FOC may be updated at anytime given identification of new needs or opportunities for new capabilities.

(2) At a minimum, AMEDDC&S Pam 525-66 will be reviewed, updated, and published every 18 months.

(3) The elements to be reviewed and considered for updating the FOC include:

Army/TRADOC-approved concepts.

(b) Operational lessons learned, including Center for Army Lessons Learned documents.

Commander in Chief integrated priority lists

(d) Opportunities from technology. TRADOC proponents will gain an awareness of opportunities from interaction with the S&T community throughout the course of the year. The intent of TRADOC proponent's interaction with technology should focus on understanding the potential battlefield capability benefits. In many cases, it will be the TRADOC proponent personnel's operational knowledge of warfighting which may see applications otherwise unforeseen by the materiel developers.

(e) It is incumbent upon both the combat developer and materiel developer to generate ideas of potential capability from the nexus of technology opportunity and warfighting operational concepts.

f. The Directorate of Combat and Doctrine Development, Assistant Commander for Force Integration (ACFI), AMEDDC&S, will conduct a biannual FOC review. This will occur in January of the review year. The Director will charge the AMEDDC&S integrated concept team (ICT) with the responsibility of reviewing, updating, and producing FOC as appropriate. Recommendations from

the ICT will be forwarded to the Director for approval. The recommendations will then be forwarded through the ACFI to the Commanding General for approval.

g. The Directorate of Combat & Doctrine Development will prepare FOC for submission and inclusion into AMEDDC&S Pam 525-66. FOC will be formatted as outlined below.

(1) Title and proponent identifier: The title of the FOC will describe a prevailing capability (for example, Clearing the Battlefield, Hospitalization) required to implement the warfighting concept from which it was derived. The identifier consists of a two-letter designator, a two-digit year of development, and a three-digit FOC number.

(2) Goal: The goal describes the end state that will be achieved by accomplishments of the prevailing capability.

(3) Principal objective: The objective is a brief stand-alone description of the intended end state of the desired FOC. The description identifies what is to be accomplished on the battlefield, not how to do it. It will not describe a deficiency, nor will it describe a specific materiel solution.

(4) Key and enabling elements: These are expressions of quantitative and/or qualitative measurable supporting objectives that contribute to achieving the FOC. These supporting objectives are listed as ranges of performance relative to an operational baseline.

(5) DTLOMS considerations: This is a short discussion of the capability's potential impacts on the respective warfighting requirements domains. They may also offer DTLOMS solution strategies.

(6) Concept linkages: This describes the "why" with a brief description of the conceptual changes driving the rationale for the FOC. This element will also identify the TRADOC Pam 525 Series that describes the FOC.

(7) Other considerations: This element is a brief discussion of additional considerations, for example, joint potential, other operational situations such as stability operations and support operations, and so forth.

CHAPTER 2

MEDICAL FUTURE OPERATIONAL CAPABILITIES

2-1. CLEARING THE BATTLEFIELD, MD-02-001

a. Goal: Enable the Combat Health Support (CHS) system to identify, locate, treat, and evacuate battlefield casualties.

b. Principal objective: Capability to provide patient treatment and area support.

(1 Key and enabling elements:

Improve physiological resuscitation methods.

Automate capabilities to maintain life support of resuscitated patients

(c) Develop nonaddicting substitutes to replace narcotics used in forward areas

Develop real-time physiological monitoring devices.

(e) Develop capability to treat casualties under all environmental conditions.

Develop digitized health records.

Develop hands-free, voice-activated read/write devices.

(h) Develop automated artificial intelligence (AI) system that requires human intervention only as necessary.

(i) Develop automated portable, handheld x-ray, laboratory, and ultrasonic diagnostic devices.

(j) Develop automated delivery systems for administration of emergency drugs in forward areas.

(k) Develop predictive models to estimate casualty rates and medical workloads.

Develop point-of-care diagnostic tools and equipment

(m) Develop lightweight portable field alternatives to steam and cold sterilization procedures.

(n) Develop safe, expedient procedures to handle and dispose of medical waste and hazardous/toxic materials.

(2) DTLOMS considerations:

(a) D: Moderate impact requiring doctrine change

(b) T: Increase skill sets of health care specialists, physician assistants (PAs), physicians, and other health care providers; develop trauma simulators.

(c) O: Provide assured communications

(d) M: Develop automated hardware and software to manage health information; improve battlefield communications between health care providers at different levels of care.

(3) Warfighting concepts of operation linkages: The requirement for the AMEDD in support of the warfighter is to clear the battlefield of casualties. This allows the commander to fight the battle unencumbered of casualties and provides for the early identification of casualties and their

acquisition into the CHS system Reference TRADOC Pam 525-50, 1 October 1996.

(4) Other considerations: Capabilities adaptable to stability operations and support operations type missions.

c Principal objective: Capability to provide forward surgical support

(1 Key and enabling elements

(a) Provide lightweight medical shelter system that can be easily deployed and employed within 30 minutes.

(b) Ensure interoperability of medical communications for combat casualty care (MC4) Theater Medical Information Program (TMIP) with other computer systems.

Develop digitized health records.

(d) Develop automated AI system that requires human intervention only as necessary.

(e) Develop predictive models to identify medical treatment protocols

(f) Develop lightweight portable field alternatives to steam and cold sterilization procedures.

(g) Develop safe, expedient procedures to handle and dispose of medical waste and hazardous/toxic materials.

(2) DTLOMS considerations

(a) T: Increase trauma surgery skill sets of individual and team health care providers; extended use of trauma simulators.

(b) M: Development of lightweight erectable shelter system; minimize strategic airlift requirements.

(3) Warfighting concepts of operation linkages: The requirement for the AMEDD in support of the warfighter is to clear the battlefield of casualties. This allows the commander to fight the battle unencumbered of casualties and provides for the early identification of casualties and their acquisition into the CHS system. Reference TRADOC Pam 525-50, 1 October 1996.

(4) Other considerations: Capabilities adaptable to stability operations and support operations missions.

d. Principal objective: Capability to perform patient evacuation and medical regulating.

(1 Key and enabling elements:

(a) Increase the air evacuation platform with vertical takeoff and landing capability to at least thirty percent of the fleet.

(b) Increase range of rotary wing air platforms to 500 kilometers without refueling.

(c) Develop ground evacuation platforms with comparable protection, mobility, and sustainability as that provided to supported forces, to include active and passive threat avoidance systems.

(d) Increase ability to identify patients at night or during periods of degraded visibility.

(e) Develop interoperable with Army airspace command and control, MC4, TMIP, and applicable command, control, communications, computers, and intelligence (C4I) systems to employ medical regulating and coordinate patient treatment issues enroute.

(f) Develop procedure for interoperability with joint and combined forces.

(g) Improve onboard medical capabilities to provide enroute care to include onboard oxygen, hemostatis support, onboard suction system, improved litter lift system, and teleconsultation/telementoring systems.

(h) Develop automated AI system that requires human intervention only as necessary.

(2) DTLOMS considerations

(a) D: Require moderate changes to medical doctrine.

(b) T: Increase skill sets of Health Care Specialists, aircrew members, PAs, and physicians; use of trauma simulators; use of platform specific mock-ups, embedded training.

(c) O: Ground platforms organic to battalions and brigades; air evacuation organic to corps.

(d) M: Requires significant materiel changes and improvements for both air and ground platforms.

(e) S: Increase maintainability; rapid return to duty

(3) Warfighting concepts of operation linkages: The requirement for the AMEDD in support of the warfighter is to clear the battlefield of casualties. This allows the commander to fight the battle unencumbered of casualties. It also provides for the early identification of casualties and their acquisition into the CHS system in forward areas of the battlefield. Reference TRADOC Pam 525-50, 1 October 1996.

(4) Other considerations: Adaptable to stability operations and support operations type missions

e. Principal objective: Capability to provide field dental services.

(1 Key and enabling elements:

(a) Develop lightweight, compact, energy efficient dental equipment, instruments, and sets.

(b) Develop pharmaceuticals that protect dental health during deployments.

(c) Develop pharmaceuticals and dental materials that are resistant to environmentally induced deterioration.

(d) Develop safe, expedient procedures to handle and dispose of medical waste and hazardous/toxic materials.

(e) Develop digitized health records.

(f) Ensure interoperability with MC4, TMIP, Force XXI Battle Command Brigade and Below (FBCB2), Combat Service Support Control System (CSSCS), and Global Combat Support System-Army (GCSS-A).

(g) Develop automated AI system that requires human intervention only as necessary.

(h) Develop lightweight field alternatives to steam and cold sterilization procedures.

(i) Develop automated system to track dental readiness of reserve component soldiers before, during, and after deployment.

(2) DTLOMS considerations:

(a) T: Increase skills of dental health providers

(b) M: Development of new dental equipment, instruments, and pharmaceuticals.

(3) Warfighting concepts of operation linkages: Provide essential dental care across the range of military operations, to include nuclear, biological, and chemical (NBC) environments to an increasingly diverse population of deployed personnel from all the uniformed and government services, as well as contractor personnel. Augment medical assets during mass casualty situations with additional wartime emergency medicine roles. In addition, on order, dental care must be provided for refugees, enemy prisoners of war, and displaced civilians as the result of combat, civil strife, or natural disasters. Reference TRADOC Pam 525-50, 1 October 1996

(4) Other considerations: Capabilities adaptable to stability operations and support operations missions.

2-2. HOSPITALIZATION, MD-02-002

a. Goal: Provide essential hospital care across the range of military operations, to include NBC environments to an increasingly diverse population of deployed personnel from all the uniformed and government services, as well as contractor personnel. In addition, theater hospitals must care for refugees, and displaced civilians as the result of combat, civil strife, or natural disasters.

b. Principal objective: Capability to provide theater hospital support.

(1) Key and enabling elements

(a) Develop a strategic deployability system

(b) Ensure modularity for selected tactical mobility

(c) Reduce/replace requirement for Deployable Medical Systems equipment

(d) Provide collective NBC protection

(e) Ensure interoperability with MC4, TMIP, CSSCS, and GCSS-A

(f) Develop stand-alone functional modules capable of rapid deployment.

(g) Develop digitized health records

(h) Develop medical modules and equipment sets to provide civilian health care such as pediatrics and geriatrics.

(i) Develop automated AI system that requires human intervention only as necessary.

(j) Develop predictive models to estimate hospitalization workloads and casualty requirements.

Develop digitized medical diagnostic equipment.

(l) Develop lightweight portable field alternatives to steam and cold sterilization procedures.

(m) Develop safe, expedient procedures to handle and dispose of medical waste and hazardous/toxic materials.

(2) DTLOMS considerations:

(a) T: Increase skill sets of health care providers; develop trauma simulators.

O: Capable of task organization to meet flexible missions.

(c) M: Develop lightweight durable shelter system; minimize strategic airlift requirements.

(3) Warfighting concepts of operation linkages: Hospital personnel must provide essential health care to all patients to enable rapid return to duty, or stabilizing care to prepare patients for evacuation out of theater. Reference TRADOC Pam 525-50, 1 October 1996.

(4) Other considerations: Capabilities adaptable to stability operations and support operations missions.

c. Principal objective: Capability to provide medical and clinical laboratory support.

(1 Key and enabling elements:

(a) Develop laboratory procedures to rapidly support patient stabilization, resuscitation, and advanced trauma management of combat casualties.

(b) Develop an automated chemistry and ABO/RH blood grouping/typing capability for Echelon II laboratory personnel.

(c) Develop point-of-care laboratory support for blood gas, basic hematology, and limited urinalysis.

(d) Develop clinical and anatomic pathology capability to support infectious disease and NBC contamination detection.

(e) Develop a laboratory information system that interfaces with analytical equipment at echelons above division.

(2) DTLOMS considerations:

(a) T: Improve and expand skill sets of medical laboratory technicians.

(b) M: Develop rapid diagnostic devices, point-of-care laboratory equipment, and enhanced communication and automation capability.

(3) Warfighting concepts of operation linkages: Medical laboratory personnel must provide essential health care support to all patients through analysis of body fluids and tissues and identification of microorganisms as an adjunct in the diagnosis and treatment of patients and in the prevention of disease. Reference TRADOC Pam 525-50, 1 October 1996.

(4) Other considerations: Capabilities adaptable to stability operations and support operations missions.

2-3. **MEDICAL FORCE PROTECTION, MD-02-003.**

a. Goal: Improve soldier wellness and sustainability through the prevention, diagnosis and treatment of injury and disease; injury from environmental, occupational, radiation, and biological or chemical agents; and combat and operational stress disorders.

b. Principal objective: Capability to provide combat health support in an NBC and directed energy (DE) environment.

(1 Key and enabling elements

(a) Develop procedures for diagnosing infectious disease agents against a background of one or more biological or chemical agents.

(b) Identify/assess patient exposure to multiple biological agents (endemic or introduced).

(c) Identify/assess mixed exposure to a sequential or combined biological/chemical/environmental event.

(d) Develop collective protection for selected medical organizations.

Develop rapid individual decontamination procedures and methods

(f) Develop tools to identify and evaluate environmental impacts of NBC attack.

(g) Develop digitized health records.

(h) Develop automated AI system that requires human intervention only as necessary.

(2) DTLOMS considerations:

(a) D: Incorporate the full range of NBC DE threat

(b) T: Increase skill sets of health care providers; extended use of simulators and embedded training devices.

(3) Warfighting concepts of operation linkages: Capability to provide rapid and comprehensive environmental and occupational identification of acute and chronic health risks encountered during military operations. Will provide versatile, mobile, and enhanced vector control and assessment to mitigate environmental and occupational risks and threats in a theater of operations. Reference TRADOC Pam 525-50, 1 October 1996.

(4) Other considerations: Capabilities adaptable to stability operations and support operations missions, and domestic support/homeland defense.

c. Principal objective: Capability to provide infectious, environmental and occupational health risk surveillance, treatment, and control.

(1 Key and enabling elements

(a) Develop lightweight compact mobile environmental hazard surveillance devices.

(b) Develop vector control kit

Develop automated theater medical laboratory procedures.

Develop digitized health records

(e) Develop capability to rapidly evaluate endemic and weaponized disease threats.

Develop models that analyze theater health threats

(g) Develop medical countermeasures to threats endemic to soldier occupations and environments.

(h) Develop automated AI system that requires human intervention only as necessary.

(i) Develop continuous and enduring linkages between theater and sustaining base medical information in support of total force health description.

(2) DTLOMS considerations:

(a) D: Incorporate throughout medical and other doctrine the tenets and tactics, techniques, and procedures that enable medical surveillance and medical force protection.

(b) T: Improve skills of preventive medicine specialists and laboratory specialists; train personnel to perform health trends analysis

(c) L: Stress importance of establishing and maintaining soldier health as a combat force multiplier.

(d) M: Develop surveillance devices to monitor environmental and occupational health hazards.

(3) Warfighting concepts of operation linkages: Capability to provide rapid and comprehensive environmental and occupational identification of acute and chronic health risks encountered during military operations, as decision support and basis for theater and force wide risk management. Will provide versatile, mobile, and enhanced vector control and assessment to mitigate environmental and occupational risks and threats in a theater of operations. Reference TRADOC Pam 525-50, 1 October 1996.

(4) Other considerations: Capabilities adaptable to stability operations and support operations missions and to domestic support/homeland defense.

d Principal objective: Capability to provide combat stress control

(1 Key and enabling elements:

(a) Develop pharmaceuticals that will protect soldiers from incapacitation by battle fatigue/combat operational stress control reactions.

(b) Develop therapeutic agents that promote alertness.

(c) Ensure interoperability with MC4, TMIP, and FBCB2.

(d) Develop digitized health records

(e) Develop automated AI system that requires human intervention only as necessary.

(2) DTLOMS considerations:

M: Enhanced communication and automation capabilities; development of new pharmaceuticals and therapeutic agents.

(3) Warfighting concepts of operation linkages: All these teams provide ongoing command consultation, education, stress monitoring, unit surveys, critical event debriefings, reconstitution support, Department of Defense-mandated medical and stress surveillance, and other unit-level interventions. Reference TRADOC Pam 525-50, 1 October 1996.

(4) Other considerations: Capabilities adaptable to stability operations and support operations missions and domestic support/homeland defense.

e Principal objective: Capability to provide veterinary services.

(1 Key and enabling elements

(a) Diagnose and identify naturally occurring pathogens in food with a stable, field-usable technology.

(b) Perform food sample preparation and analysis on-site in less than one hour using a lightweight, readily portable device.

(c) Use rapid, field-stable methods to detect contamination of food by low level toxic chemical or antibiotics.

(d) Apply science-based detection technologies to ensure the safety of the military food supply.

(e) Use rapid diagnostics, integrated with federal and international authorities, to detect and control or mitigate operationally significant animal disease threats.

(f) Identify naturally occurring diseases and potential biological warfare agents in the animal population.

(g) Decrease overall weight and cube of animal treatment equipment, adopting lightweight medical equipment where possible.

(h) Apply advanced lightweight detection technology to the detection and identification of NBC contaminated food.

Digitize health records

Develop a medical information carrier for military working dogs

(k) Develop automated AI system that requires human intervention only as necessary.

(2) DTLOMS considerations:

(a) D: Must provide for the use of advanced technologies to support throughput logistics.

(b) T: Must have embedded training.

(c) O: Must allow maximum flexibility to support Wartime Executive Agent Requirements

(3) Warfighting concepts of operation linkages: Veterinary service requires the capability to deploy numerous teams or personnel to accomplish diverse and decentralized support operations, or consolidate to meet requirements of a larger support operation. These missions are focused on preventive medicine; for example, food safety and hygiene, zoonotic disease control and routine veterinary support for government-owned animals. Refer to TRADOC Pam 525-50, 1 October 1996.

(4) Other considerations: Capabilities must be adaptable stability operations and support operations missions, and domestic support/homeland defense.

f. Principal objective: Optimize soldier mission performance.

(1) Key and enabling elements:

(a) Develop metrics of optimal soldier health and fitness

(b) Develop health/fitness promotion programs to maximize soldiers' individual physical readiness and mission performance capability from the training base to deployment.

(c) Develop capability to monitor fitness uniformly and continuously throughout the force.

(d) Measure and establish standards (functions, skills, practices) for personnel and systems that are used to enable or obtain maximal fitness.

(e) Reduce impact of environment (for example, acclimatization demands) on mission by maximizing positive individual response and endurance.

(2) DTLOMS considerations:

(a) D: Incorporate promotion functions throughout medical and other doctrine

(b) T: Introduce and improve skills of AMEDD personnel who will employ systems to maximize fitness.

(c) L: Provide leaders with knowledge and skills to leverage optimal performance capability as a force enhancement.

(d) M: Explore and develop nutritional supplements or physiologic enhancements for maximum performance.

(3) Warfighting concepts of operation linkages: Capability to ensure the force is always at peak individual readiness for any of the spectrum of missions. Provide decision-makers with measurable standards and targets for human performance potential, in support of planning and employment. Reference TRADOC Pam 525-50, 1 October 1996.

(4) Other considerations: Capabilities can be extended to the beneficiary population as a component of the total force. Implications for anticipatory recruiting initiatives.

2-4 COMBAT HEALTH LOGISTICS, MD-02-004

a. Goal: Effectively manage medical materiel, blood products, patient movement items, biomedical maintenance, optical fabrication, and Class VIII contracting services.

b. Principal objective: Capability to provide Class VIII support to all CHS organizations in theater.

1 Key and enabling elements:

(a) Develop predictive remote biomedical maintenance diagnostics and troubleshooting capabilities.

(b) Develop substitutes for blood products that will provide oxygen transport capability without the strict environmental constraints associated with blood.

(c) Develop methods for rapid replacement of critical medical equipment and supplies.

(d) Develop mission-oriented modular Class VIII authorized stockage list

Develop in transit visibility of critical medical equipment and supplies

f) Develop predictive logistics models for planning and resupply.

(g) Develop an in-theater oxygen production capability

(h) Develop automated logistics management capabilities.

(i Ensure interoperability with MC4, TMIP, CSSCS, and C4I systems

(j) Develop methods to automate monitoring capability of pre-positioned medical equipment and supplies.

(k) Develop automated AI system that requires human intervention only as necessary.

(l) Develop safe, expedient procedures to handle and dispose of medical waste and hazardous/toxic materials.

DTLOMS considerations:

(a) T: Enhance and broaden the skill sets of medical logisticians and specialists.

(b) M: Increase reliance on automation support.

(3) Warfighting concepts of operation linkages: Support force projection Army in multiple locations through split-based operations. Management of Class VIII materiel includes receipt, storage, processing, contracting, disposal, and distribution of medical materiel; unit, direct support and general support level medical maintenance; blood receipt,

storage, processing, and distribution, and the limited capability to collect blood; single and multivision optical fabrication and repair; medical gas production and distribution; and the building of medical assemblages/resupply packages. Reference TRADOC Pam 525-50, 1 October 1996.

(4) Other considerations: Capabilities adaptable to stability operations and support operations missions.

APPENDIX A

Abbreviations and Acronyms

	Assistant Commander for Force Integration
AI	artificial intelligence
AMEDD	Army Medical Department
AMEDDC&S	Army Medical Department Center and School
ASTMP	Army Science and Technology Master Plan
ASTWG	Army Science and Technology Work Group
	advanced technology demonstration
C4I	command, control, communications, computers, and intelligence
CHS	Combat Health Support
CSSCS	Combat Service Support Control System
DE	directed energy
DTLOMS	doctrine, training, leader development, organization, materiel, and soldiers
FBCB2	Force XXI Battle Command Brigade and Below
FOC	force operating capability
GCSS-A	Global Combat Service Support—Army
ICT	integrated concept team
	medical communications for combat casualty care
	nuclear, biological, and chemical
PA	physician assistant
	pamphlet
S&T	science and technology
	science and technology objectives
	Theater Medical Information Program
TRADOC	Training and Doctrine Command
USA	United States Army

The proponent of this publication is the Directorate of Combat and Doctrine Development, Assistant Commander for Force Integration. Users are invited to send comments and suggested improvements on DA Form 2028(Recommended Changes to Publications and Blank Forms) to Commander, U.S. Army Medical Department Center and School, ATTN: MCCS-FC, 1400 East Grayson Street, Fort Sam Houston, TX, 78234-5052

FOR THE COMMANDER:

OFFICIAL:

MONICA M. ARZOLA

DISTRIBUTION:
C, less
USAG Business Center

SPECIAL DISTRIBUTION:
CDR, MRMC
CDR, MEDCOM
CDR, CHPPM
CDR, OTSG
MCCS-FC (25 cy)
MCCS-BHR-PA (Pubs stockroom)(5 cy)
MCCS-BHR-PA (Mrs. Walker) (2 cy)