

# Medical Planning and Programming Lexicon

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## **Abbreviations and Acronyms**

### **A**

2E .....	Role 2 enhanced (JP 4-02)
2LM .....	Role 2 light maneuver (JP 4-02)
AA .....	area analysis (Navy Pubs)
AA .....	air ambulance (Army FM 4-02.2)
AABB .....	American Association of Blood Banks (JP 4-02)
AAR .....	after action review/report (JP 1-02)
AAST .....	aeromedical evacuation administrative support team (JP 1-02)
A&D .....	admission and disposition (Army FM 4-02)
AB .....	airbase (JP 4-02)
ABCA .....	American, British, Canadian, Australian, and New Zealand (JP 1-02, ABCA Report Number 130, 22 Feb 2011)

ABFC	advanced base functional component (JP 1-02)
ABPO	Army Service Blood Officer (JP 4-02)
AC <sup>1</sup>	active component (JP 1-02)
AC	aircraft commander (Air Force Pubs)
AC2	airspace command and control (JP 1-02)
ACAT	aeromedical evacuation command augmentation team (JP 1-02)
ACC	Air Combat Command (JP 1-02)
ACC	air component commander (JP 1-02)
ACC	area coordination center (JP 1-02)
ACE	aviation combat element (MAGTF) (Marine Corps Warfighting Pub (MCWP 4-11-1))
ACE	Allied Command Europe (JP 1-02)
ACL	allowable cabin load (JP 1-02)
ACM	additional crewmember (Air Force Pubs)
ACSA	acquisition and cross-servicing agreement (JP 1-02)
AD	Allied Directive (Navy Pubs)
AD	active duty (JP 1-02)
ADAL	authorized dental allowance list (JP 1-02)
ADCON	administrative control (JP 1-02, Army ATTP 5-0.1)
ADDU	additional duty (Navy Pubs)
AE	aeromedical evacuation (JP 4-02)
AECC	aeromedical evacuation control center (JP 1-02)
AECM	aeromedical evacuation crewmember (JP 1-02)
AECT	aeromedical evacuation control team (JP 1-02)
AEF	air and space expeditionary force (JP 1-02)
AELT	aeromedical evacuation liaison team (JP 4-02)
AEOO	aeromedical evacuation operations officer (Air Force Pubs)
AEOT	aeromedical evacuation operations team (JP 4-02)
AES	aeromedical evacuation squadron (JP 1-02)
AESC	aeromedical evacuation support cell (JP 4-02)
AETF	air and space expeditionary task force (JP 1-02)
AF	Air Force (form) (JP 4-02)
AFAFRICA	U.S. Air Forces, Africa
AFB	Air Force base (JP 4-02)
AFBPO	Air Force Service Blood Officer (JP 4-02)
AFCENT	Allied Forces Central Europe (NATO) (JP 1-02)
AFCENT	U.S. Air Forces, Central Command
AFDD	Air Force doctrine document (JP 4-02)
AFEUR	U.S. Air Forces, Europe
AFFOR	Air Force forces (JP 1-02)
AFHSC	Armed Forces Health Surveillance Center (JP 4-02)
AFI	Air Force instruction (JP 4-02)
AFMAN	Air Force manual (JP 4-02)
AFME	Armed Forces Medical Examiner (JP 1-02)
AFNORTH	U.S. Air Forces, Northern Command

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<sup>1</sup> An obsolete term for the Army

AFPAC.....U.S. Air Forces, Pacific  
 AFPD .....Air Force policy document (JP 4-02)  
 AFRAT .....Air Force Radiation Assessment Team (JP 1-02)  
 AFRC .....Air Force Reserve Command (JP 1-02)  
 AFRRRI.....Armed Forces Radiobiology Research Institute (JP 1-02)  
 AFSC.....Air Force Specialty Code (JP 1-02)  
 AFSOC.....Air Force Special Operations Command (JP 1-02)  
 AFSOF .....Air Force special operations forces (JP 4-02)  
 AFSOUTH .....Allied Forces, South (NATO) (JP 1-02)  
 AFSOUTH .....U.S. Air Forces, Southern Command  
 AFTH .....Air Force Theater Hospital (JP 1-02)  
 AFTTP .....Air Force Tactics, Techniques, and Procedures (JP 4-02)  
 AHS.....Army Health System (ATTP 4-02)  
 AIRCENT .....Allied Air Forces Central Europe (NATO) (JP 1-02)  
 AIRFOR.....air forces (Navy Pubs)  
 AIRNORTHWEST .....Allied Air Forces North West Europe (NATO) (JP 1-02)  
 AIRSOUTH .....Allied Air Forces Southern Europe (NATO) (JP 1-02)  
 AJBPO .....area joint blood program office (JP 4-02)  
 AJP.....allied joint publication (JP 1-02)  
 ALCON.....all concerned (JP 1-02)  
 ALD .....available-to-load date at point of embarkation (JP 1-02)  
 ALERTORD .....alert order (JP 1-02)  
 ALOS .....average length of stay (Medical Planning Unique)  
 AMAL.....authorized medical allowance list (JP 1-02)  
 AMBUS .....ambulance bus (JP 1-02)  
 AMC .....Air Mobility Command (JP 4-02)  
 AMC .....Army Materiel Command (AR 10-87)  
 AMCIT.....American citizen (JP 1-02)  
 AMD .....activity manpower document (Navy Pubs)  
 AMD .....Air Mobility Division (JP 4-02)  
 AMEDD.....Army Medical Department (JP 1-02)  
 AMEDDC&S.....U.S. Army Medical Department Center and School (JP 1-02)  
 AMedP .....Allied Medical Publication (JP 1-02)  
 AML.....area medical laboratory (Army ATTP 4-02)  
 AMLE.....Army Medical Logistics Enterprise (Special Text 4-02.1, Army)  
 AMSO.....aeromedical safety officer (MCWP 4-11-1)  
 ANGLICO.....air naval gunfire liaison company (JP 1-02)  
 AO.....action officer (JP 1-02)  
 AO.....administration officer (JP 1-02)  
 AO.....air officer (JP 1-02)  
 AO.....area of operations (JP 1-02)  
 AO.....aviation ordnance person (JP 1-02)  
 AOA.....amphibious objective area (JP 1-02)  
 AOC .....air and space operations center (USAF) (JP 4-02)  
 AOI .....area of interest (JP 1-02)  
 AOR.....area of responsibility (JP 1-02)

APEX	Adaptive Planning and Execution (JP 1-02)
APOD	aerial port of debarkation (JP 1-02)
APOE	aerial port of embarkation (JP 1-02)
APORT	aerial port (JP 1-02)
AR	Army regulation (Army ATTP 4-02) (JP 4-02)
ARC	Air Reserve Components (JP 1-02)
ARC	American Red Cross (JP1-02)
ARCENT	United States Army Central Command (JP 1-02)
ARFOR	Army forces (JP 1-02)
ARFORGEN	Army Force Generation (AR 525-29)
ARG	amphibious ready group (JP 1-02)
ARM	aeromedical readiness mission (Air Force Pubs)
ARNG	Army National Guard (JP 1-02)
ARNORTH	US Army North (JP 1-02)
ARSOF	Army special operations forces (JP 1-02)
AS	allowance standards (Navy)
ASBP	Armed Services Blood Program (JP 4-02)
ASBPO	Armed Services Blood Program Office (JP 4-02)
ASCC	Army Service component command (JP 1-02)
ASD(HA)	Assistant Secretary of Defense (Health Affairs) (JP 4-02)
ASF	aeromedical staging facility (JP 1-02)
ASG	area support group (JP 1-02)
ASMC	area support medical company <sup>2</sup> (Army ATTP 4-02)
ASTS	aeromedical staging squadron (JP 1-02)
ASWBPL	Armed Services Whole Blood Processing Laboratory (JP 1-02)
ATF	amphibious task force (MCWP 4-11-1) (Navy Pubs)
AT/FP	antiterrorism/force protection (JP 1-02)
AT&L	Acquisition, Technology and Logistics
ATM	advanced trauma management (JP 1-02)
ATTO	antiterrorism training officer (Navy Pubs)
AV	asset visibility (JP 1-02)
AXP	ambulance exchange point (JP 1-02) (Army FM 4-02.2)

## B

BA	budget authority
BAS	battalion aid station (JP 1-02) (Army ATTP 4-02) (Navy Pubs)
BCT	brigade combat team (JP 1-02)
BDC	blood donor centers (JP 1-02)
BDE	brigade (JP 1-02)
BES	beach evacuation station (Navy Pubs)
BES	budget estimate submission (JP 1-02)
BI	battle injury (JP 4-02)
BLDREP	blood report (JP 1-02)

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<sup>2</sup> The correct Army Nomenclature is “medical company (area support)” but most in the medical planning community refer to it as “area support medical company.”

BLDSHIPREP.....	blood shipment report (JP 1-02)
BLS .....	basic life support
BLT .....	battalion landing team (JP 1-02) (MCWP 4-11-1)
BLUF .....	bottom line up front
BMET .....	biomedical electronics technician (JP 4-02)
BN .....	battalion (JP 1-02)
BOS.....	base operating support (Air Force) (Navy) (JP 1-02)
BPD.....	blood products depot (JP 1-02)
BPO.....	blood program office (JP 1-02)
BSA.....	body surface area (Army ATTP 4-02)
BSC .....	billet sequence code (Navy Pubs)
BSMC .....	brigade support medical company (Army ATTP 4-02)
BSO.....	Budget Submitting Office (Navy Pubs)
BSU.....	blood supply unit (JP 1-02)
BTC.....	blood transshipment center (JP 4-02)
BTP .....	billet training profile (Navy Pubs)
BUMED .....	U.S. Navy/Bureau of Medicine and Surgery (MCWP 4-11-1)
BUMEDINST .....	Bureau of Medicine and Surgery instruction (Navy Pubs) (JP 1-02)

## C

C2 <sup>3</sup> .....	command and control (JP 4-02) (MCWP 4-11-1)
C2CRE .....	command and control chemical, biological, radiological, and nuclear response element (JP 1-02)
C4.....	command, control, communications, and computers (Navy Pubs) (MCWP 4-11-1)
C4I <sup>4</sup> .....	command, control, communications, computers, and intelligence (JP 1-02) (MCWP 4-11-1)
C7F.....	Commander Seventh US Fleet
CAB .....	combat aviation brigade (JP 1-02)
CAP.....	Corpsman Assault Pack (MCWP 4-11-1)
CAP.....	crisis action planning (JP 5-0)
CAS.....	close air support (JP 1-02)
CASEVAC.....	casualty evacuation (JP 4-02)
CASF.....	contingency aeromedical staging facility (JP 4-02)
CASREP .....	casualty report (JP 1-02)
CAT.....	crisis action team (JP 1-02)
CATF .....	commander, amphibious task force (JP 1-02)
CBA .....	capability based assessment
CBD .....	chemical, biological defense (JP 1-02)
CBIRF .....	chemical-biological incident response force (JP 1-02)
CBR.....	chemical, biological, and radiological (JP 1-02)
CBR-D .....	chemical, biological, and radiological defense (Navy Pubs)

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<sup>3</sup> An obsolete term for the Army, the Army now uses "Mission Command"

<sup>4</sup> An obsolete term for the Army, the Army now uses "Mission Command"

CBRED	chemical, biological, radiological, and environmental defense (Navy Pubs)
CBRN	chemical, biological, radiological, and nuclear (JP 4-02)
CBRNE	chemical, biological, radiological, nuclear, and high-yield explosives (JP 1-02)
CBTZ	combat zone (JP 1-02)
CCATT	critical care air transport team (JP 1-02)
CCDR	Combatant Commander (JP 4-02)
CCIR	commander's critical information requirements (JP 1-02)
CCMD	combatant command (JP 4-02)
CCO	combat cargo officer (JP 1-02)
CCP	casualty collecting point(s) (JP 1-02)
CCRD	combatant commander's required delivery date (JP 1-02)
CDC	Centers for Disease Control and Prevention (JP 1-02)
CDD	capability development document
CDR	commander (JP 1-02)
CD-ROM	compact disc read-only memory (JP 1-02)
CE	command element (MCWP 4-11-1)
CE	casualty estimate (JP 1-02)
CEB	CNO Executive Boards
CEC	corporate exigency contracts (Navy Pubs)
CECO	Combat Evacuation Control Officer
CERFP	Chemical, Biological, Radiological, Nuclear, and High-Yield Explosives Enhanced Response Force Package (JP 1-02)
CERP	Commanders' Emergency Response Program (JP 1-02)
CESG	commander, expeditionary strike group (Navy Pubs)
CEW	Civilian Expeditionary Workforce (JP 1-02)
CF	conventional forces (JP 3-05)
CFACC	combined force air component commander (JP 1-02)
CFLCC	coalition forces land component commander (JP 1-02)
CHBUMED	Chief, Bureau of Medicine and Surgery (Navy Pubs)
CHCS	composite health care system (JP 1-02)
CHNAVPERS	Chief of Naval Personnel (Navy Pubs)
CIDNE	Combined Information Data Network Exchange (JP 1-02)
CIN	cargo increment number (JP 1-02)
CIS	communication and information system (MCWP 4-11-1)
CIVMAR	civilian mariner (Navy Pubs)
CJCS	Chairman, Joint Chiefs of Staff (JP 4-02)
CJCSI	Chairman of the Joint Chiefs of Staff instruction (JP 4-02)
CJCSM	Chairman of the Joint Chiefs of Staff manual (JP 4-02)
CJTF	commander, joint task force (JP 1-02)
CLB	combat logistics battalion (JP 1-02)
CLC	combat logistics company (MCWP 4-11-1)
CLF	commander, landing force (JP 1-02)
CLIA	Clinical Laboratory Improvement Amendments (JP 4-02)
CLR	combat logistics regiment (JP 1-02)

CLS .....contracted logistic support (JP 1-02)  
 CLS .....combat lifesaver (Army ATTP 4-02) (MCWP 4-11-1)  
 CM .....consequence management (JP 1-02)  
 CMC.....Commandant of the Marine Corps (JP 1-02)  
 CMC.....command master chief  
 CMD .....command (JP 1-02)  
 CME.....continuing medical education  
 CMO .....civil-military operations ((JP 3-57), Army FM 3-05.40)  
 CMS .....central material supply (Army ATTP 4-02)  
 CNO .....Chief of Naval Operations (JP 1-02)  
 CO .....commanding officer (JP 1-02)  
 COA .....course of action (JP 4-02)  
 COAA .....course of action analysis (JP 1-02)  
 COC .....combat operation center (JP 1-02)  
 COCOM.....combatant command (command authority) (JP 1-02)  
 COE.....concept of employment (JP 1-02)  
 COE.....common operating environment (JP 4-01)  
 COI.....community of interest (JP 1-02)  
 COIN.....counterinsurgency (JP 1-02)  
 COMAFFOR.....commander, Air Force forces (JP 4-02)  
 COMM.....communications (JP 1-02)  
 COMNAVAIRFORINST .....Commander, Naval Air Forces instruction (Navy Pubs)  
 COMNAVRESFOR.....Commander, Naval Reserve Force (Navy Pubs)  
 COMNAVSUPSYSCOM.....Commander, Naval Supply Systems Command (Navy Pubs)  
 COMNAVSURFORINST .....Commander, Naval Surface Forces instruction (Navy Pubs)  
 COMNAVSURFRESFOR.....Commander, Naval Surface Reserve Force (Navy Pubs)  
 COMPHIBGRU .....Commander, Amphibious Group  
 COMPHIBRON.....Commander, Amphibious Squadron  
 COMSC.....Commander, Military Sealift Command (JP 1-02)  
 COMSCINST.....Commander, Military Sealift Command instruction (JP 1-02)  
 COMUSFLTFORCOM .....Commander, US Fleet Forces Command (JP 1-02)  
 COMUSNAVCENT .....Commander, United States Navy, Central Command (JP 1-02)  
 COMUSNAVEUR.....Commander, US Naval Forces Europe (Navy Pubs)  
 COMUSPACFLT .....Commander, US Pacific Fleet (JP 1-02)  
 COMUSPACOM .....Commander, United States Pacific Command (Navy Pubs)  
 CONOPS.....concept of operations (JP 4-02)  
 CONPLAN.....operation plan in concept format (JP 4-02)  
 CONUS .....continental United States (JP 1-02)  
 COOP .....continuity of operations (JP 1-02)  
 COP.....common operational picture (JP 1-02)  
 COS.....chief of staff (MCWP 4-11-1)  
 COSC .....combat and operational stress control (Army ATTP 4-02.51)  
 COSI .....combat and operational stress injury (Navy Pubs)  
 COSR .....combat and operational stress reactions (JP 1-02)  
 COTS .....commercial off-the-shelf (JP 1-02)  
 CP.....command post



CP.....	collection point (JP 4-06)
CPG.....	Contingency Planning Guidance (JP 1-02)
CPG.....	Commander, Amphibious Group (JP 1-02)
CPG.....	clinical practice guideline
CPR.....	cardiopulmonary resuscitation (JP 1-02)
CRAF.....	Civil Reserve Air Fleet (JP 1-02)
CRD.....	combatant commander's required date (JP 1-02)
CRE.....	contingency response element (JP 1-02)
CREST.....	casualty and resource estimation support tool (JP 1-02)
CRG.....	contingency response group (JP 1-02)
CRT.....	contingency response team (JP 1-02)
CRTS.....	casualty receiving and treatment ship (JP 1-02)
CS <sup>5</sup> .....	combat support (JP 1-02)
CS.....	civil support (JP 3-28)
CSAF.....	Chief of Staff, United States Air Force (JP 4-02)
CSAR.....	combat search and rescue (JP 1-02)
CSE.....	contingency support element (JP 1-02)
CSG.....	carrier strike group (JP 1-02)
CSH.....	combat support hospital (JP 1-02)
CSPAR.....	combatant commander's preparedness assessment report (JP 1-02)
CSS <sup>6</sup> .....	combat service support (JP 1-02)
CT.....	counterterrorism (JP 1-02)
CT.....	country team (JP 1-02)
CT.....	computed tomography (Army ATTP 4-02)
CTF.....	commander, task force
CUIC.....	component unit identification code (Navy Pubs)
CV.....	aircraft carrier (JP 1-02)
CVN.....	aircraft carrier, nuclear (JP 1-02)
CW.....	chemical warfare (JP 1-02)
CY.....	calendar year (JP 1-02)
CZ.....	combat zone (Army ATTP 4-02)

## D

D&D.....	denial and deception (JP 1-02)
D&D.....	dated and deteriorative (Army ATTP 4-02.1)
DA.....	Department of the Army (Army ATTP 4-02)
DAB.....	Defense Acquisition Board (JP 1-02)
DAF.....	Department of the Air Force (JP 1-02)
DASC.....	direct air support center (JP 1-02)
DAU.....	Defense Acquisition University
DCAM.....	Defense Medical Logistics Standard Support (DMLSS) customer assistance module (JP 1-02)

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<sup>5</sup> An obsolete term for the Army

<sup>6</sup> An obsolete term for the Army

DCAPES	Deliberate and Crisis Action Planning and Execution Segments (JP 1-02)
DCAS	dental company, area support (Army ATTP 4-02)
DCE	defense coordinating element (JP 1-02)
DCO	defense coordinating officer (JP 1-02)
DCO	Defense Connect Online (JP 1-02)
DCR	DOTMLPF Change recommendation (JP 1-02)
DCRF	defense chemical, biological, radiological, and nuclear response force (JP 1-02)
DD	Department of Defense (form) (JP 4-02)
DDG	guided missile destroyer (JP 1-02)
DE	directed energy (JP 1-02)
DEERS	Defense Enrollment Eligibility Reporting System (JP 1-02)
DEFCON	defense readiness condition (JP 1-02)
den	dental (Army ATTP 4-02)
DEPMEDS	Deployable Medical Systems (JP 1-02)
DepOpsDepts	Service deputy operations deputies (JP 1-02)
DEPORD	deployment order (JP 1-02)
DES	domain engagement strategies (Air Force Pub)
DET	detachment
DFAS	Defense Finance and Accounting Service (JP 1-02)
DHB	Defense Health Board (JP 1-02)
DHHS	Department of Health and Human Services (JP 1-02)
DHP	Defense Health Program (JP 1-02)
DIA	Defense Intelligence Agency (JP 1-02)
DII	defense information infrastructure (JP 1-02)
DIMO	Defense Institute for Medical Operations (Air Force/Navy)
DIRLAUTH	direct liaison authorized (JP 1-02)
DIRMOBFOR	director of mobility forces (JP 1-02)
DIS	Disease (Medical Planning Unique)
DISA	Defense Information Systems Agency (JP 1-02)
DLA	Defense Logistics Agency (JP 4-02)
DMDC	Defense Manpower Data Center (JP 1-02)
DMLSS	Defense Medical Logistics Standard Support (JP 1-02)
DMZ	demilitarized zone (JP 1-02)
DNBI	disease and non-battle injury (JP 4-02)
DOA	dead on arrival (JP 1-02)
DOB	date of birth (JP 1-02)
DOD	Department of Defense (JP 4-02)
DODD	Department of Defense directive (JP 4-02)
DoDDS	Department of Defense Dependent Schools
DODI	Department of Defense instruction (JP 4-02)
DOEHRS	Defense Occupational and Environmental Health Reporting System (JP 4-02)
DON	Department of the Navy (JP 1-02)
DOS	days of supply (Army FM 4-02.1) (JP 1-02)

DOS.....date of separation (JP 1-02)  
 DOS.....denial of service (JP 1-02)  
 DOS.....Department of State (JP 1-02)  
 DOTMLPF.....doctrine, organizations, training, materiel, leadership and  
 education, personnel, and facilities (JP 1-02)  
 DOW.....died of wounds (JP 1-02)  
 DOWW.....disease occurrence world wide  
 DPMIAC.....Defense Pest Management Information Analysis Center (Navy  
 Pubs)  
 DPS.....defense planning scenarios  
 DR.....disaster relief (JP 1-02)  
 DRMD.....deployments requirements manning document (JP 1-02)  
 DS.....direct support (Army ATTP 5-0.1) (JP 1-02)  
 DSCA.....defense support of civil authorities (JP 1-02)  
 DSCA.....Defense Security Cooperation Agency (JP 1-02)  
 DSCP.....Defense Supply Center Philadelphia (JP 1-02)  
 DSN.....Defense Switched Network (JP 4-02)  
 DSO.....defensive systems officer (JP 1-02)  
 DTF.....dental treatment facility (MCWP 4-11-1) (Navy Pubs)  
 DTG.....date-time group (JP 1-02)  
 DVA.....Department of Veterans Affairs (JP 1-02)  
 DVEP.....disease vector ecology profile (Navy Pubs)  
 DZ.....drop zone (JP 1-02)

## E

EA.....executive agent (JP 1-02)  
 EAB.....echelons above brigade (Army FM 1-02)  
 EAC.....echelons above corps (JP 1-02)  
 EAD.....earliest arrival date at point of debarkation (JP 1-02)  
 EAD.....echelons above division (JP 1-02)  
 EAES.....expeditionary AE squadron (Air Force Pubs) (JP 4-02)  
 EASF.....expeditionary aeromedical staging facility (JP 1-02)  
 EBTC.....Expeditionary Blood Transshipment Center (JP 4-02)  
 EEFI.....essential elements of friendly information (JP 2-01)  
 EFDS.....expeditionary force development system (MCWP 4-11-1)  
 EHO.....environmental health officer (JP 1-02)  
 EHRA.....environmental health risk assessment (JP 1-02)  
 EMEDS.....Expeditionary Medical Support System (Air Force Pubs)  
 EMF.....expeditionary medical facility (JP 4-02)  
 EMS.....electromagnetic spectrum (JP 1-02)  
 EMS.....emergency medical service (Army ATTP 4-02)  
 EMT.....emergency medical technician (JP 1-02)  
 EMT.....emergency medical treatment (Army ATTP 4-02) (JP 1-02)  
 ENDEX.....exercise termination (JP 1-02)  
 EOC.....early operational capability (JP 1-02)

EOC.....emergency operations center (JP 3-41)  
 ENTO.....entomology officer (MCWP 4-11-1)  
 EP.....emergency preparedness (JP 3-28)  
 EP.....execution planning (JP 5-0)  
 EPLO.....emergency preparedness liaison officer (JP 1-02)  
 EPW.....enemy prisoner of war (JP 4-02)  
 ERCS.....en-route care system (MCWP 4-11-1) (Navy Pubs)  
 ESB.....engineer support battalion (JP 1-02)  
 ESG.....expeditionary strike group (JP 1-02)  
 ESORTS.....Enhanced Status of Resources and Training System (JP 1-02)  
 ETA.....estimated time of arrival (JP 1-02)  
 evac.....evacuation (Army ATTP 4-02)  
 EW.....electronic warfare (JP 1-02)  
 EXORD.....execute order (JP 1-02)

## F

FAD.....feasible arrival date (JP 1-02)  
 FAM.....functional area manager (Air Force Specific) (JP 1-02)  
 FAP.....fleet assistance program  
 FARP.....forward arming and refueling point (JP 1-02)  
 FAX.....facsimile (JP 4-02)  
 FCC.....Federal Coordinating Center (NDMS) (JP 1-02)  
 FCC.....functional combatant command (JP 1-02)  
 FCO.....federal coordinating officer (JP 1-02)  
 FDA.....Food and Drug Administration (JP 4-02)  
 FDO.....flexible deterrent option (JP 1-02)  
 FDPMU.....forward deployable preventive medicine unit (Navy Pubs)  
 FEBA.....forward edge of battle area (JP 1-02)  
 FEMA.....Federal Emergency Management Agency (JP 4-02)  
 FFG.....guided missile frigate (JP 1-02)  
 FFP.....fresh frozen plasma (JP 4-02)  
 FHA.....foreign humanitarian assistance (Army ADRP 3-07) (JP 1-02)  
 FHD.....fleet health domain (Navy Pubs)  
 FHP.....force health protection (JP 1-02)  
 FISC.....fleet and industrial supply center (JP 1-02)  
 FLAS.....flight line aid station (MCWP 4-11-1)  
 FLTCOM.....fleet commander (Navy Pubs)  
 FM.....field manual (Army ATTP 4-02) (JP 4-02)  
 FM.....force module (JP 1-02)  
 FM.....functional manager (JP 1-02)  
 FMF.....Fleet Marine Force (JP 1-02)  
 FMFM.....Fleet Marine Force manual (MCWP 4-11-1) (Navy Pubs)  
 FMTB.....field medical training battalion (MCWP 4-11-1)  
 FN.....flight nurse (Air Force Pubs)  
 FOB.....forward operating base (JP 1-02)

FOB.....forward operations base (JP 1-02)  
 FOC.....full operational capability (JP 1-02)  
 FOH.....fleet operational health (Navy Pubs)  
 FORSCOM.....United States Army Forces Command (JP 1-02)  
 FOS.....full operational status (JP 1-02)  
 FOS.....forward operating site (JP 1-02)  
 FOUO.....for official use only (JP 1-02)  
 FPCON.....force protection condition (JP 1-02)  
 FPO.....force protection officer (Navy Pubs)  
 FRAG.....fragmentation code (JP 1-02)  
 FRAGORD.....fragmentary order (JP 4-02)  
 FRC.....forward resuscitative care (JP 1-02)  
 FRE.....fleet readiness enterprise (Navy Pubs)  
 FRP.....fleet response plan (Navy Pubs)  
 FRP.....Federal response plan (USG) (JP 1-02)  
 FRSS.....forward resuscitative surgical system (MCWP 4-11-1)  
 FS.....Flight Surgeon (MCWP 4-11-1) (Air Force Pubs)  
 FSB.....forward staging base (JP 1-02)  
 FSB.....forward support base (JP 1-02)  
 FSC.....Forward Surgical Company (MCWP 4-11-1)  
 FSO.....fleet support operations (Navy)  
 FST.....fleet surgical team (JP 1-02) (MCWP 4-11-1) (Navy Pubs)  
 FST.....forward surgical team (Army ATTP 4-02)  
 FSU.....forward support unit (JP 1-02)  
 FTC.....fleet training continuum (Navy Pubs)  
 FTN.....force tracking number (JP 1-02)  
 FUNCPLAN.....functional plan (JP 1-02)  
 FY.....fiscal year (JP 1-02)  
 FYDP.....Future Years Defense Program (JP 1-02)

## G

GAS.....group aid station (MCWP 4-11-1)  
 GC.....Geneva Convention Relative to the Protection of Civilian Persons  
 in Time of War (JP 4-02)  
 GCC.....geographic combatant command (JP 4-02)  
 GCCS.....Global Command and Control System (JP 1-02)  
 GCE.....ground combat element (MAGTF) (JP 1-02)  
 GCSS.....Global Combat Support System (JP 1-02)  
 GCSS-J.....Global Combat Support System-Joint (JP 4-0)  
 GEF.....Guidance for Employment of the Force (JP 1-02)  
 GEOCODES.....geographic codes (JP 1-02)  
 GEOFILE.....Standard Specified Geographic Location File (JP 1-02)  
 GEOLOC.....Geographic Location Code (JP 1-02)  
 GFEBs.....General Funds Enterprise Business System  
 (GAO/AFMD-12.19.4 CFO Act)

GFM.....	global force management (JP 1-02)
GFMAP.....	Global Force Management Allocation Plan (Navy Pubs) (JP 1-02)
GFMIG.....	Global Force Management Implementation Guidance (JP 1-02)
GI.....	gastrointestinal (Navy Pubs)
GMO.....	general medical officer
GOTS.....	government off-the-shelf (JP 1-02)
GPMRC.....	Global Patient Movement Requirements Center (JP 4-02)
GPMJAB.....	Global Patient Movement Joint Advisory Board (JP 4-02)
GPW.....	Geneva Convention Relative to the Treatment of Prisoners of War (JP 4-02)
GSORTS.....	Global Status of Resources and Training System (JP 1-02)
GWOT.....	global war on terrorism (JP 1-02)
GWS.....	Geneva Convention for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field (JP 4-02)
GWS Sea.....	Geneva Convention for the Amelioration of the Condition of the Wounded, Sick, and Shipwrecked Members of the Armed Forces at Sea (JP 4-02)

## H

H&S.....	headquarters and service (JP 1-02)
HA <sup>7</sup> .....	humanitarian assistance (JP 1-02)
HAZMAT.....	hazardous materials (JP 1-02)
HCA <sup>8</sup> .....	humanitarian and civic assistance (JP 1-02)
HD.....	homeland defense (JP 3-27)
HF.....	high frequency (JP 1-02)
HHQ.....	higher headquarters (JP 1-02)
HHS.....	Department of Health and Human Services (JP 1-02)
HIV.....	human immuno-deficiency virus (JP 1-02)
HN.....	host nation (JP 4-02)
HNS.....	host-nation support (JP 1-02)
hosp.....	hospitalization (Army ATTP 4-02)
HQ.....	headquarters (JP 4-02)
HQDA.....	Headquarters, Department of the Army (JP 1-02)
HQDASG.....	Headquarters, Department of the Army, The Surgeon General (Army ATTP 4-02)
HQMC.....	Headquarters, Marine Corps (JP 1-02)
HRF.....	homeland response force (JP 1-02)
HRO.....	humanitarian relief organizations (JP 1-02)
HS.....	homeland security (JP 3-28)
HSA.....	health service assessment (Navy Pubs)
HSAP.....	health service augmentation program (MCWP 4-11-1) (Navy Pubs)

<sup>7</sup> An obsolete term for the Army. The Army uses “foreign humanitarian assistance”

<sup>8</sup> An obsolete term for the Army. The Army uses “foreign humanitarian assistance”

HSAPU .....	Health Services Augmentation Program Unit (Navy Pubs)
HSEP .....	hospital surgical expansion package (USAF) (JP 1-02)
HSL .....	helicopter anti-submarine squadron light
HSO .....	healthcare support office (Navy Pubs)
HSS .....	health service support (JP 4-02)
HSSD .....	Health Service Support Division (Navy Pubs)
HSSD .....	health service support detachment (MCWP 4-11-1)
HSSE.....	health service support element (MCWP 4-11-1) (Navy Pubs)
HSSO .....	Health Service Support Officer (MCWP 4-11-1)
HST .....	humanitarian support team (Navy Pubs)
HU .....	hospital unit (JP 1-02)
HUMRO.....	humanitarian relief operation (JP 1-02)
HW .....	hazardous waste (JP 1-02)

## I

IA .....	information assurance (JP1-02)
IA .....	individual augmentee (NAVADMIN 099/09) (JP 1-02)
ICD.....	initial capabilities document
ICMOP .....	integrated CONUS medical operations plan (Air Force Pubs) <sup>9</sup>
ICRC .....	International Committee of the Red Cross (JP 1-02)
ICW.....	intermediate care ward (Army ATP 4-02.5)
ICU.....	intensive care unit (JP 1-02)
ID .....	identification (JP 1-02)
ID .....	infectious disease (Air Force)
IDA .....	infectious disease alert (Navy Pubs)
IDC.....	independent duty corpsman (Navy Pubs)
IDP .....	internally displaced person (JP 1-02)
IDRA.....	infectious disease risk assessment (JP 1-02)
IFAK.....	individual first aid kit (MCWP 4-11-1)
IFF.....	identification, friend or foe (JP 1-02)
IFHRA.....	industrial facility health risk assessment (Navy Pubs)
IGO .....	intergovernmental organization (JP 4-02)
IHO .....	industrial hygiene officer (JP 1-02)
IHS .....	international health specialist (JP 1-02)
IM.....	information management (JP 1-02)
IMP .....	implementation (JP 5-0)
IMR.....	individual medical readiness (Navy Pubs)
INF .....	infantry (JP 1-02)
INFOSEC.....	information security (JP 3-13)
IOC.....	initial operational capability (JP 1-02)
IOI.....	injured other than hostilities or illness (JP 1-02)
IPC .....	initial planning conference (JP 1-02)
IPL.....	integrated priority list (JP 1-02)

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<sup>9</sup> ICMOP is an obsolete term that is still commonly used in the joint medical planning community.

IPOE.....intelligence preparation of the operational environment (JP 1-02)  
 IPR .....in progress review (JP 1-02)  
 IPT.....integrated planning team (JP 1-02)  
 IPT.....integrated process team (JP 1-02)  
 IPT.....Integrated Product Team (JP 1-02)  
 IRR.....Individual Ready Reserve (JP 1-02)  
 IRT .....initial response team (JP 1-02)  
 ISB .....intermediate staging base (JP 1-02)  
 ISIC.....immediate superior-in-command (Navy Pubs)  
 ITV .....in-transit visibility (JP 1-02)  
 IV .....intravenous (JP 1-02)  
 IW .....irregular warfare (JP 1-02)

## J

J1 .....manpower and personnel directorate of a joint staff (JP 4-02)  
 J2 .....intelligence directorate of a joint staff (JP 4-02)  
 J3 .....operations directorate of a joint staff (JP 4-02)  
 J4 .....logistics directorate of a joint staff (JP 4-02)  
 J5 .....plans directorate of a joint staff (JP 1-02)  
 J6 .....communications system directorate of a joint staff (JP 4-02)  
 J7 .....operational plans and interoperability directorate of a joint staff  
 (JP 4-02)  
 J8 .....Joint Staff Directorate for Force Structure, Resource, and  
 Assessment; force structure, resource, and assessment directorate  
 of a joint staff (JP 1-02)  
 J9 .....civil-military operations directorate of a joint staff (JP 1-02)  
 JAAR.....joint after action report (JP 1-02)  
 JAOC.....joint air operations center (JP 4-02)  
 JBAIDS.....Joint Biological Agent Identification and Diagnostic System  
 (MCWP 4-11-1)  
 JBP .....Joint Blood Program (JP 1-02)  
 JBPO .....Joint Blood Program Office (JP 4-02)  
 JCASREP .....joint casualty report (JP 1-02)  
 JCB.....Joint Capabilities Board  
 JCD .....joint capabilities document  
 JCIDS.....Joint Capabilities Integration and Development System (Navy  
 Pubs)  
 JCCP .....joint casualty collection point (JP 1-02)  
 JCS .....Joint Chiefs of Staff (JP 1-02)  
 JCSM.....Joint Chiefs of Staff memorandum (JP 1-02)  
 JDDOC.....joint deployment and distribution operations center (JP 4-02)  
 JDOMS .....Joint Director of Military Support (JP 1-02)  
 JET .....Joint Operation Planning and Execution System (JOPES) editing  
 tool (JP 1-02)  
 JET .....Joint Expeditionary Taskings (Air Force Specific)



JFACC.....joint force air component commander (JP 4-02)  
 JFAST.....Joint Flow and Analysis System for Transportation (JP 1-02)  
 JFC.....joint force commander (JP 4-02)  
 JFCC.....joint functional component commander (JP 1-02)  
 JFLCC.....joint force land component commander (JP 1-02)  
 JFMCC.....joint force maritime component commander (JP 1-02)  
 JFO.....joint field office (JP 1-02)  
 JFP.....joint force package (JP 1-02)  
 JFP.....joint force provider (Navy Pubs) (JP 1-02)  
 JFS.....joint force surgeon (JP 4-02)  
 JFSOC.....joint force special operations component (JP 1-02)  
 JHSS.....joint health service support (Army ATTP 4-02)  
 JISE.....joint intelligence support element (JP 1-02)  
 JLLIS.....Joint Lessons Learned Information System (JP 1-02)  
 JLLP.....Joint Lessons Learned Program (JP 1-02)  
 JMAR.....joint medical asset repository (JP 1-02)  
 JMAT.....Joint Medical Planning Tool (JP 1-02)  
 JMAT.....joint mobility assistance team (JP 1-02)  
 JMD.....joint manning document (JP 1-02)  
 JMET.....joint mission-essential task (JP 1-02)  
 JMETL.....joint mission-essential task list (JP 1-02)  
 JMOC.....joint medical operations center (JP 4-02)  
 JMPT.....Joint Medical Planning Tool (JP 4-02)  
 JMWG.....joint medical working group (JP 4-02)  
 JOA.....joint operations area (JP 4-02)  
 JOC.....joint operations center (JP 1-02)  
 JOPES.....Joint Operation Planning and Execution System (JP 4-02)  
 JOPP.....joint operation planning process (JP 1-02)  
 JP.....joint publication (JP 4-02)  
 JPMRC.....Joint Patient Movement Requirements Center (JP 4-02)  
 JPMT.....joint patient movement team (JP 1-02)  
 JPEC.....Joint Planning and Execution Community (JP 1-02)  
 JPG.....joint planning group (JP 5-0)  
 JRB.....Joint Requirements Oversight Council (JROC) Review Board  
 (JP 1-02)  
 JROC.....Joint Requirements Oversight Council (JP 1-02)  
 JRSOI.....joint reception, staging, onward movement, and integration  
 (JP 4-02)  
 JRTC.....Joint Readiness Training Center (JP 1-02)  
 JS.....the Joint Staff (JP 1-02)  
 JSAP.....Joint Staff action package (JP 1-02)  
 JSCP.....Joint Strategic Capabilities Plan (JP 1-02)  
 JSOC.....joint special operations command (JP 1-02)  
 JSOTF.....joint special operations task force (JP 1-02)  
 JSPS.....Joint Strategic Planning System (JP 1-02)  
 JTAV.....joint total asset visibility (JP 1-02)

JTF ..... Joint Task Force (JP 4-02)  
JTFS ..... joint task force surgeon (JP 1-02)  
J/TPMRC ..... Joint/Theater Patient Movement Requirements Center (Navy Pubs)

## K

KIA ..... killed in action (ATTP 4-02)  
KPP ..... key performance parameter (JP 1-02)

## L

LA ..... lead agent (JP 4-02)  
lab ..... laboratory (Army ATTP 4-02)  
LAD ..... latest arrival date at point of debarkation (JP 1-02)  
LAF ..... Line of the Air Force (Air Force Pubs)  
LAN ..... local area network (JP 1-02)  
LCE ..... logistics combat element (Marine) (MCWP 4-11-1)  
LCS ..... littoral combat ship (SECNAVINST 5030.8A)  
LF ..... landing force (JP 1-02)  
LFA ..... lead federal agency (Navy Pubs) (JP 1-02)  
LFOC ..... landing force operations center (Navy Pubs)  
LFSP ..... landing force support party (JP 1-02)  
LHA ..... amphibious assault ship (general purpose) (JP 1-02)  
LHD ..... amphibious assault ship (multipurpose) (JP 1-02)  
LIMFAC ..... limiting factor (JP 1-02)  
LMS ..... lessons management system (Navy Pubs)  
LOAC ..... law of armed conflict (JP 1-02)  
LOC ..... line of communications (JP 1-02)  
LOE ..... line of effort (JP 1-02)  
LOI ..... letter of instruction (JP 1-02)  
LOO ..... line of operations (JP 1-02)  
LOW ..... law of war (MCWP 4-11-1)  
LPH ..... amphibious assault ship, landing platform helicopter (JP 1-02)  
LSD ..... dock landing ship (JP 1-02)  
LSE ..... logistic support element (JP 1-02)  
LTON ..... long ton (JP 1-02)  
LVSR ..... logistical vehicle system replacement (USMC) (MCWP 4-11-1)  
LZ ..... landing zone (JP 1-02)

## M

MA ..... medical attendant (JP 1-02)  
MA ..... mortuary affairs (JP 1-02)  
MACOM ..... major command (Army) (JP 1-02)  
MAF ..... mobility air forces (JP 3-17)  
MAG ..... Marine aircraft group (JP 1-02)

MAGTF.....	Marine Air-Ground Task Force (JP 1-02)
MAJCOM .....	major command (Air Force Pubs) (JP 1-02)
MANMED .....	Manual of the Medical Department (Navy Pubs)
MARCORSYSCOM.....	Marine Corps System Command (JP 1-02)
MARDIV .....	Marine division (JP 1-02)
MARFOR.....	Marine Corps forces (JP 1-02)
MARSOC.....	Marine Corps special operation command (JP 1-02)
MARSOF .....	Marine Corps special operations forces (JP 1-02)
MASCAL.....	mass casualty (JP 4-02)
MASF.....	mobile aeromedical staging facility (JP 4-02)
MAW .....	Marine Air Wing (JP 1-02)
MC .....	Military Committee (NATO) (JP 1-02)
MC .....	Medical Corps (Army ATTP 4-02)
MC4 .....	medical communications for combat casualty care (Army FM 4-02)
MCAS .....	Marine Corps Air Station (JP 1-02)
MCC.....	mission clinical coordinator (Air Force Pubs)
MCCDC .....	Marine Corps Combat Development Command (JP 1-02)
MCCLL.....	Marine Corps Center for Lessons Learned (Navy Pubs)
MCD .....	medical crew director (JP 1-02)
MCDM.....	medical chemical defense materiel (Army Supply Bulletin 8-75)
MC/FI.....	mass casualty/fatality incident (JP 1-02)
MCLLP .....	Marine Corps Lessons Learned Program (Navy Pubs)
MCLMS .....	Marine Corps Lessons Management System (Navy Pubs)
MCM.....	mine countermeasures (JP 1-02)
MCMO .....	medical civilian-military operations (JP 4-02)
MCO .....	Major Combat Operation (JP 1-02)
MCO .....	Marine Corps order (JP 1-02)
MCPP.....	Marine Corps Planning Process (MCWP 4-11-1)
MCRP .....	Marine Corps reference publication (JP 4-02)
MCT.....	Marine corps task (Navy Pubs)
MCTFS .....	Marine Corps Total Force System
MCTL .....	Marine Corps task list (Navy Pubs)
MCW.....	minimal care ward (Army ATTP 4-02)
MCWP .....	Marine Corps warfighting publication (JP 1-02)
MDBS .....	medical detachment blood support (JP 4-02)
MDMP .....	military decision-making process (Army ADRP 6-0)
MDR .....	medical department representative (Navy Pubs)
ME.....	mission essential (Air Force Pubs)
MEB.....	Marine Expeditionary Brigade (JP 1-02)
MEB.....	medical evaluation board
med.....	medical (Army ATTP 4-02)
MEDCAP .....	medical civic action program (JP 1-02)
MEDCC .....	medical coordination cell (JP 1-02)
MEDEVAC.....	medical evacuation (JP 4-02)
MEDIC.....	medical, environmental, disease, intelligence, and countermeasures

	(Navy Pubs)
MEDINT	medical intelligence (JP 1-02)
MEDLOG	medical logistics (JP 4-02)
MEDLOGCO	medical logistics company (Navy) (JP 1-02)
MEDNEO	medical noncombatant evacuation operation (JP 1-02)
MEDREG	medical regulating (JP 1-02)
MEDREGNET	medical regulating network (Navy Pubs)
MEDREGREP	medical regulating report (JP 1-02)
MEDRETE	medical readiness training exercise (JP 1-02)
MEDRUP	Medical Reserve Utilization Program (Navy Pubs)
MEDRUPMIS	Medical Reserve Utilization Program Management Information System (Navy Pubs)
MEDSITREP	medical situation report (FM 8-10-5)
MEDSTAT	medical status (JP 1-02)
MEDSTEP	Medical Standby Equipment Program (FM 4-02.1)
MEF	Marine Expeditionary Force (JP 1-02)
MEFPAK	manpower, equipment, and force packaging (Air Force Pubs)
MEL	master equipment list (Navy Pubs)
MES	medical equipment set (JP 1-02)
MET	mission-essential task (Navy Pubs)
METL	mission-essential task list (JP 1-02)
METT-T	mission, enemy, terrain and weather, troops and support available-time available (JP 1-02)
METT-TC	mission, enemy, terrain and weather, troops and support available, time available, and civil considerations (Army ATTP 4-02) (JP 1-02)
MEU	Marine Expeditionary Unit (JP 1-02) (MCRP 5-12C)
MEU(SOC)	Marine expeditionary unit (special operations capable) (JP 1-02)
MHG	Marine Expeditionary Force Headquarters Group (MCRP 5-12C)
MHS	military health system (Army ATTP 4-02) (JP 4-02)
MFP	major force program (JP 1-02)
MFRP	Medical Fleet Response Plan (Navy Pubs)
MIA	missing in action (JP 1-02)
MILAIR	military airlift (JP 1-02)
MILPERS	military personnel (JP 1-02)
MILVAN	military van (container) (JP 4-02)
MILVAX	Military Vaccine Agency (DoDD 6205.02E)
MIN	medical intelligence note (Navy Pubs)
MIPOE	medical intelligence preparation of the operational environment (JP 4-02)
MISCAP	mission capability (JP 1-02)
MLG	Marine logistics group (JP 1-02)
MMCC	MAGTF Movement Control Center. (MCRP 5-12C)
MMS	medical materiel set (Army ATTP 4-02)
MMTF	medical multifunctional task force (Army ATTP 4-02)
MNS	mission needs statement (JP 1-02)

MOB	.....	mobilization (JP 4-05)
MOE	.....	measure of effectiveness (JP 1-02)
MOG	.....	maximum aircraft on the ground (JP 1-02)
MOP	.....	measure of performance (JP 1-02)
MOPP	.....	mission-oriented protective posture (JP 1-02)
MOS	.....	military occupational specialty (JP 1-02)
MOU	.....	memorandum of understanding (JP 1-02)
MPF(E)	.....	maritime prepositioning force (enhanced) (Navy Pubs)
MPM	.....	Medical Planning Module (JP 1-02)
MPS	.....	maritime prepositioning ships (JP 1-02)
MPT&E	.....	manpower, personnel, training, and education (Navy Pubs)
MRCC	.....	medical regulating control center (Navy Pubs)
MRCO	.....	medical regulating control officer (Navy Pubs)
MRDSS	.....	Medical Readiness Decision Support System (Air Force)
MRMC	.....	US Army Medical Research and Materiel Command (JP 1-02)
MRO	.....	medical regulating office (JP 1-02)
MROE	.....	medical rules of eligibility (MROE) (AJP 4.10)
MRRS	.....	Medical Readiness Reporting System
MRSP	.....	Medical Readiness Strategic Plan
MS	.....	Medical Service Corps (Army ATTP 4-02)
MSC	.....	Military Sealift Command (JP 1-02)
MSC	.....	major subordinate command (JP 1-02)
MSC	.....	Medical Service Corps
MSCA	.....	military support to civilian authorities (JP 1-02)
MSO	.....	medical services officer (Navy Pubs)
MSS	.....	medical surveillance system (JP 1-02)
MTF	.....	medical treatment facility (JP 4-02)
MTOE	.....	modified table of organization and equipment (JP 1-02)
MTON	.....	measurement ton (JP 1-02)
MTW <sup>10</sup>	.....	major theater war (JP 1-02)
MV	.....	mechanical ventilator (Army ATTP 4-02)
MWCS	.....	Marine wing communication squadron (MCWP 4-11-1)
MWD	.....	military working dog (JP 1-02)
MWF	.....	medical working file (JP 1-02)
MWSG	.....	Marine wing support group (JP 1-02)
MWSS	.....	Marine wing support squadron (JP 1-02)

## N

NA	.....	needs analysis (Navy Pubs)
NAF	.....	naval air facility (JP 1-02)
NAF	.....	numbered air force (JP 1-02)
NAMI	.....	Naval Aerospace Medical Institute (Navy Pubs)
NAP	.....	Naval aerospace physiologist (MCWP 4-11-1)

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<sup>10</sup> An obsolete term but still often used. It was replaced with “MCO – Major Combat Operation”

NAS.....	naval air station (JP 1-02)
NASTP.....	Naval Aviation Survival Training Program (Navy Pubs)
NATO.....	North Atlantic Treaty Organization (JP 1-02)
NATOPS.....	Naval Air Training and Operating Procedures Standardization (JP 1-02)
NAVFOR.....	Navy forces (JP 1-02)
NAVMED.....	Navy Medicine (JP 1-02)
NAVMEDLOGCOM.....	Naval Medical Logistics Command (JP 1-02)
NAVSOFF.....	Navy special operations forces (JP 4-02)
NBC <sup>11</sup> .....	nuclear, biological, chemical (JP 1-02)
NBI.....	non-battle injury (JP 4-02)
NBP.....	Navy Blood Program (MCWP 4-11-1)
NCA.....	national capital area (Navy Pubs)
NCMI.....	National Center for Medical Intelligence <sup>12</sup> (JP 4-02)
NCO.....	non-commissioned officer (JP 1-02)
NCOIC.....	non-commissioned officer in charge (JP 1-02)
NCR.....	National Capital Region (US) (JP 1-02)
NDMS.....	National Disaster Medical System (DHHS) (JP 4-02)
NEC.....	Navy enlisted classification (Navy Pubs)
NECC.....	Navy Expeditionary Combat Command (JP 1-02)
NECE.....	Navy Entomology Center of Excellence (Navy Pubs)
NEHSS.....	naval expeditionary health service support (Navy Pubs)
NEMSC.....	Navy expeditionary medical support command (Navy Pubs)
NEMTI.....	Naval Expeditionary Medical Institute (Navy Pubs)
NEO.....	noncombatant evacuation operation (JP 1-02)
NEPMU.....	Navy Environmental and Preventive Medicine Unit (Navy Pubs)
NGO.....	nongovernmental organization (JP 4-02)
NH.....	naval hospital
NHRC.....	Naval Health Research Center (Navy Pubs)
NIPRNET.....	Non-Secure Internet Protocol Router Network (JP 1-02)
NLLS.....	Navy Lessons Learned System (Navy Pubs)
nm.....	nautical mile (JP 1-02)
NMCB.....	Naval Mobile Construction Battalion (JP 1-02)
NMCC.....	National Military Command Center (JP 1-02)
NMCPHC.....	Navy and Marine Corps Public Health Center (MCWP 4-11-1)
NMCS.....	National Military Command System (JP 1-02)
NME.....	Navy Medicine East (Navy Pubs)
NMLC.....	Naval Medical Logistics Command (Navy Pubs)
NMPDC.....	Navy Medicine Professional Development Center (Navy Pubs)
NMRC.....	Naval Medical Research Center (JP 1-02)
NMS.....	National Military Strategy (JP 1-02)
NMSC.....	Navy Medicine Support Command (Navy Pubs)
NMW.....	Navy Medicine West (Navy Pubs)
NNMC.....	National Naval Medical Center (Navy Pubs)

<sup>11</sup> An obsolete term but still often used. It was replaced by “CBRN”

<sup>12</sup> Formerly Armed Forces Medical Intelligence Center (AFMIC)

NOBC .....naval officer billet classification (Navy Pubs)  
 NOFORN .....not releasable to foreign nationals (JP 1-02)  
 NOMI .....Naval Operational Medical Institute (Navy Pubs)  
 NOMLL .....naval operational medical lessons learned (Navy Pubs)  
 NOMLLC .....Naval Operational Medical Lessons Learned Center (Navy Pubs)  
 NOMLLS .....Naval Operational Medical Lessons Learned System (Navy Pubs)  
 NOSC .....Navy Operational Support Center  
 NOSTRA .....Naval Ophthalmic Support and Training Activity (Navy Pubs)  
 NP .....neuropsychiatric (Army ATTP 4-02)  
 NRP .....non-unit-related personnel (JP 1)  
 NSA .....NATO Standardization Agency (JP 1-02)  
 NSA .....National Security Agency (JP 1-02)  
 NSI .....not seriously injured (JP 1-02)  
 NSN .....national stock number (JP 1-02)  
 NSOMI .....Naval Special Operations Medical Institute (Navy Pubs)  
 NSS .....National Security Strategy (JP 1-02)  
 NSTI .....Naval Survival Training Institute (Navy Pubs)  
 NSTM .....Naval Ships' Technical Manual (Navy Pubs)  
 NSW .....naval special warfare (JP 1-02)  
 NSWU .....naval special warfare unit (JP 1-02)  
 NTA .....Navy tactical task (Navy Pubs)  
 NTC .....National Training Center (JP 1-02)  
 NTP .....Navy training plan (Navy Pubs)  
 NTSP .....Navy training system plan (Navy Pubs)  
 NTTL .....Navy tactical task list (Navy Pubs)  
 NTPP .....Navy tactics, techniques, and procedures (JP 4-02)  
 NUMI .....Naval Undersea Medical Institute (Navy Pubs)  
 NURC .....non-unit-related cargo (JP 1-02)  
 NWDC .....Navy Warfare Development Command (JP 1-02)  
 NWP .....Navy warfare publication (JP 1-02)

## O

OA .....operational area (JP 3-0)  
 OASD .....Office of the Assistant Secretary of Defense (JP 1-02)  
 OB-GYN .....obstetrics-gynecology (Navy Pubs)  
 OCJCS .....Office of the Chairman Joint Chiefs of Staff (JP 1-02)  
 OCONUS .....outside the continental United States (JP 1-02)  
 OD .....other detainee (JP 1-0)  
 ODR .....operational dental readiness (Navy Pubs)  
 O-day .....off-load day (JP 1-02)  
 OE .....operational environment (JP 1-02)  
 OEF .....Operation ENDURING FREEDOM (JP 1-02)  
 OEH .....occupational and environmental health (JP 4-02)  
 OEHA .....occupational and environmental health activities (MCWP 4-11-1)  
 OEHSA .....occupational and environmental health site assessment

(MCWP 4-11-1)

OFDA.....Office of United States Foreign Disaster Assistance (USAID)  
(JP 1-02)

OFMLS .....operational forces medical liaison service (Navy Pubs)

OGA .....other government agency (JP 1-02)

OHDACA .....Overseas Humanitarian, Disaster, and Civic Aid (DSCA) (JP 1-02)

OIC.....officer in charge (JP 1-02)

OIF .....Operation IRAQI FREEDOM (JP 1-02)

OND .....Operation New Dawn

OP .....operational (Navy Pubs)

OPCON.....operational control (JP 4-02)

OPFOR.....opposing force, opposition force (JP 1-02)

OPLAN .....operation plan in complete format (JP 4-02)

OPNAV .....Office of the Chief of Naval Operations (Navy Pubs)

OPNAVINST .....Chief of Naval Operations instruction (JP 1-02)

OPORD .....operation order (JP 4-02)

OPREP .....operational report (JP 1-02)

OPSEC .....operations security (JP 3-13.3)

OPTAR .....operating target (JP 1-02)

OPTEMPO .....operating tempo (JP 1-02)

OPZONE.....operation zone (JP 1-02)

OR.....operating room (Army ATTP 4-02)

OR.....operational readiness (JP 1-02)

ORE.....operational readiness evaluation

ORM .....operational risk management (JP 1-02)

OSCAR .....operational stress control and readiness (Navy Pubs)

OTH .....over the horizon (JP 1-02)

OUSD.....Office of the Under Secretary of Defense (JP 1-02)

## P

PACAF.....Pacific Air Forces (JP 1-02)

PAD.....patient administration division (JP 1-02)

PAR.....population at risk (JP 1-02)

PAM.....preventive and aerospace medicine (JP 1-02)

PAR.....population at risk (JP 1-02)

PAX.....passengers (JP 1-02)

PBD.....program budget decision (JP 1-02)

PC.....patient condition code (Medical Planning Unique)

PCA.....Posse Comitatus Act (JP 1-02)

PCOF.....Patient Condition Occurrence Frequency (Medical Planning and  
Programming Unique)

PDM.....program decision memorandum (JP 1-02)

PECK .....patient evacuation contingency kit (JP 1-02)

PEO .....peace enforcement operations (JP 1-02)

PEO.....program executive officer (JP 1-02)



PEO	patient evacuation officer (MCWP 4-11-1) (Navy Pubs)
PET	patient evacuation team (Navy Pubs)
PHEO	Public Health Emergency Officer (JP 4-02)
PI	pandemic influenza
PIA	post independent analysis (Navy Pubs)
PIC	portable information carrier (MCWP 4-11-1)
PID	plan identification number (JP 1-02)
PIN	personnel increment number (JP 1-02)
PJ	pararescue jumpers (JP 4-02)
PLANORD	planning order (JP 1-02)
PLS	patient loading system (Air Force Pubs)
PM	patient movement (JP 1-02)
PMCC	patient movement clinical coordinator (Air Force Pubs)
PMENTO	preventive medicine entomology (MCWP 4-11-1)
PMI	patient movement items (JP 4-02)
PMITS	Patient Movement Items Tracking System (JP 4-02)
PMM	preventive medicine measures (Army ATTP 4-02)
PMO	Preventive Medicine Officer (MCWP 4-11-1)
PMOEHS	preventive medicine environmental health system (MCWP 4-11-1)
PMR	patient movement request (JP 1-02)
PMRC	patient movement requirement center (JP 4-02)
PMT	preventive medicine technician (Navy Pubs)
POC	point of contact (JP 4-02)
POD	port of debarkation (JP 1-02)
POE	port of embarkation (JP 1-02)
POE	projected operational environment
POL	petroleum, oil, and lubricants (JP 1-02)
POM	program objective memorandum (JP 1-02)
POMI	plans, operations, and medical intelligence (Navy Pubs)
POMI/O	Plans, Operations, & Medical Intelligence Officer (MCWP 4-11-1)
POSTMOB	post mobilization (JP 1-02)
POTUS	President of the United States (JP 1-02)
POW	prisoner of war (JP 4-02)
PPBS	Planning, Programming, and Budgeting System (Navy Pubs)
PPBE	Planning, Programming, Budgeting, and Execution (JP 1-02)
PPE	personal protective equipment (JP 1-02)
PRA	patient reception area (JP 1-02)
PRBC	packed red blood cells (Navy Pubs)
PRC	Presidential Reserve Call-up (JP 1-02)
PREMOB	pre-mobilization (JP 1-02)
PREPO	pre-positioned force, equipment, or supplies (JP 1-02)
PROFIS	Professional Filler System (Army ATTP 4-02) (JP 1-02)
PRP	personnel reliability program (JP 1-02)
PRT	patient reception team (JP 1-02)
PSP	patient support pallet (Air Force Pubs)
PT	physical therapy (Army ATTP 4-02)

PTDO .....prepare to deploy order (JP 5-0)  
pub.....publication (Army ATTP 4-02)  
PV .....prime vendor (JP 1-02)  
PVNTMED .....preventive medicine (JP 4-02)  
PW.....prisoner of war (JP 1-02)

## Q

QDR .....Quadrennial Defense Review (JP 1-02)  
QRF.....quick reaction force (JP 1-02)

## R

R&D .....research and development (JP 1-02)  
RBC.....red blood cell (JP 4-02)  
RC .....regional commander (Navy Pubs)  
RC .....Reserve Component (JP 1-02)  
RCC.....regional combatant commander (Navy Pubs)  
RDD .....required delivery date (JP 1-02)  
RDO .....request for deployment order (JP 1-02)  
RDT&E .....research, development, test, and evaluation (JP 1-02)  
RECON.....reconnaissance (JP 1-02)  
RFF .....request for forces (JP 1-02)  
RFI .....request for information (JP 1-02)  
RFID .....radio frequency identification (JP 1-02)  
RFP .....request for proposal (JP 1-02)  
RFS .....request for support (Navy Pubs)  
Rh.....Rhesus factor (JP 4-02)  
RLD.....ready-to-load date (JP 1-02)  
RMC.....regional medical commands (Army ATTP 4-02)  
RMC.....regional maintenance center (Navy Pubs)  
ROC .....required operational capability (JP 1-02)  
ROE.....rules of engagement (JP 1-02)  
ROM .....rough order of magnitude (JP 1-02)  
ROM .....read-only memory (JP 1-02)  
ROMO.....range of military operations (MCWP 4-11-1) (Navy Pubs)  
RON .....remain overnight (JP 1-02)  
RO/RO .....roll-on/roll-off (JP 1-02)  
ROS.....reduced operating status (JP 1-02)  
RPT .....report (JP 1-02)  
RSOI .....reception, staging, onward movement, and integration (JP 1-02)  
RTD.....return to duty (JP 1-02)  
RW .....rotary wing (JP 1-02)

## S

SA .....	solution analysis (Navy Pubs)
SA .....	situational awareness (JP 1-02)
SAF .....	Secretary of the Air Force (JP 1-02)
SAM .....	surface-to-air missile (JP 1-02)
SAM .....	special airlift mission (JP 1-02)
SAR .....	search and rescue (JP 1-02)
SATCOM .....	satellite communication (JP 1-02)
SBCT .....	Stryker brigade combat team (JP 1-02)
SBPO .....	Service Blood Program Officer (JP 4-02)
SCI .....	sensitive compartmented information (JP 1-02)
SCIF .....	sensitive compartmented information facility (JP 1-02)
SECAF .....	Secretary of the Air Force (JP 1-02)
SECARMY .....	Secretary of the Army (JP 1-02)
SecDef .....	Secretary of Defense (JP 4-02)
SECNAV .....	Secretary of the Navy (JP 1-02)
SECNAVINST .....	Secretary of the Navy instruction (JP 1-02)
SECSTATE .....	Secretary of State (JP 1-02)
SECTRANS .....	Secretary of Transportation (JP 1-02)
SELRES .....	Selected Reserve (JP 1-02)
SERE .....	survival, evasion, resistance, and escape (JP 4-02)
SES .....	senior executive service (JP 1-02)
SFMS .....	special forces medical sergeant (JP 1-02)
SG .....	Surgeon General (JP 1-02)
SGXM .....	Headquarters, Air Mobility Command/Surgeon (JP 4-02)
SHCP .....	Supplemental Health Care Program (Title 32 CFR 199.16)
SHF .....	super-high frequency (JP 1-02)
SI .....	seriously ill (Army FM 4-02.10)
SIGINT .....	signals intelligence (JP 1-02)
SII .....	seriously ill or injured (JP 1-02)
SIMLM .....	single integrated medical logistics manager (JP 4-02)
SIPRNET .....	SECRET Internet Protocol Router Network (JP 1-02)
SITREP .....	situation report (JP 1-02)
SJFHQ .....	standing joint force headquarters (JP 1-02)
SLOC .....	sea line of communications (JP 1-02)
SMDR .....	senior medical department representative (Navy Pubs)
SME .....	subject matter expert (JP 4-02)
SMO .....	senior medical officer (MCWP 4-11-1) (Navy Pubs)
SMR .....	senior medical representative (Navy Pubs)
SN .....	strategic-national (Navy Pubs)
SOC .....	special operations component (JP 1-02)
SOCM .....	special operations combat medic (Army ATTP 4-02) (JP 4-02)
SOF .....	special operations forces (JP 4-02)
SON .....	statement of need (MCWP 4-11-1)
SOP .....	standard operating procedure (JP 4-02)

SORM ..... Standard Organization and Regulations Manual of the US Navy  
 SORTS ..... Status of Resources and Training System (JP 1-02)  
 SORTSREPNV ..... Status of Resource and Training System Report — Navy (Navy Pubs)  
 SOW ..... statement of work (JP 1-02)  
 SPECWAR ..... special warfare (JP 1-02)  
 SPG ..... Strategic Planning Guidance (JP 1-02)  
 SPOD ..... sea port of debarkation (JP 1-02)  
 SPOE ..... sea port of embarkation (JP 1-02)  
 SPRINT ..... special psychiatric rapid intervention team (JP 1-02)  
 SROC ..... Senior Readiness Oversight Council (JP 1-02)  
 spt ..... support (Army ATTP 4-02)  
 SSBN ..... fleet ballistic missile submarine (JP 1-02)  
 SSN ..... attack submarine, nuclear (JP 1-02)  
 SSN ..... Social Security number (JP 1-02)  
 ST ..... strategic-theater (Navy Pubs)  
 ST ..... short ton (JP 1-02)  
 STANAG ..... standardization agreement (NATO) (JP 1-02)  
 STD ..... sexually transmitted disease (JP 1-02)  
 STON ..... short ton (JP 1-02)  
 STP ..... shock trauma platoon (MCWP 4-11-1) (Navy Pubs)  
 SU ..... situational understanding (Army FM 3-0)  
 SUBFOR ..... submarine forces (Navy Pubs)  
 SURFOR ..... surface forces (Navy Pubs)  
 SURG ..... surgeon (JP 1-02)  
 SURGCO ..... surgical company (MCWP 4-11-1)  
 SWMI ..... Surface Warfare Medicine Institute (Navy Pubs)

## T

TAA ..... Total Army Analysis (Army ATTP 4-02)  
 TACC ..... tactical air control center (USN) (Navy Pubs)  
 TACC ..... tanker/airlift control center (JP 4-02)  
 TACON ..... tactical control (JP 1-02)  
 TAD ..... temporary additional duty (JP 1-02)  
 TAES ..... theater aeromedical evacuation system (JP 1-02)  
 T-AH ..... hospital ship (JP 1-02)  
 TASKORD ..... tasking order (JP 1-02)  
 TB MED ..... Technical Bulletin, Medical (Army ATTP 4-02)  
 TCCC ..... tactical combat casualty care (MCWP 4-11-1)  
 TCCC-C ..... tactical combat casualty care card (MCWP 4-11-1)  
 TCN ..... third country national (JP 1-02)  
 TCO ..... technical coordinating office (Navy Pubs)  
 TDA ..... table(s) of distribution and allowances  
 (Army ATTP 4-02) (JP 1-02)  
 TDY ..... temporary duty (JP 1-02)

T/E.....	table of equipment (MCWP 4-11-1)
TECOM.....	training and education command (MCWP 4-11-1)
TEWLS .....	Theater Enterprise-Wide Logistics System (JP 1-02)
TF .....	task force (Army ATTP 4-02) (Navy Pubs)
TG .....	technical guide (Army FM 4-02.7)
TGRO.....	TRICARE global remote overseas (Navy Pubs)
TICHRA.....	toxic industrial chemical health risk assessment (Navy Pubs)
TJC.....	The Joint Commission <sup>13</sup>
TLAMM.....	theater lead agent for medical materiel (JP 4-02)
TM.....	technical manual (Army FM 4-02.17)
TMA.....	TRICARE Management Activity (DoDD 5136.12)
TMC.....	troop medical clinic
TMO.....	The Medical Officer of the Marine Corps (Navy Pubs)
TO .....	theater of operations (JP 1-02)
T/O .....	table of organization (JP 1-02)
TOA .....	table of allowance (JP 1-02)
TOE.....	table of organization and equipment (JP 1-02)
TOR.....	terms of reference (JP 3-0)
TPFDD .....	time-phased force deployment data (JP 4-02)
TPFDL .....	time-phased force deployment list (JP 1-02)
TPMRC .....	theater patient movement requirements center (JP 4-02)
TPMRC-A.....	Theater Patient Movement Requirements Center-Americas
TRAC2ES .....	transportation command regulating and command and control evacuation system (JP 4-02)
TRAP .....	tactical recovery of aircraft and personnel
TRO.....	TRICARE regional office (DoDD 5136.12)
TTP .....	tactics, techniques, and procedures (JP 1-02)
TUCHA.....	Type Unit Characteristics File (JP 1-02)
TYCOM .....	type commander (JP 1-02)

## U

UCP.....	Unified Command Plan (JP 1-02)
UDL .....	unit designation list (JP 1-02)
UDT .....	underwater demolition team (JP 1-02)
UFR.....	unfunded requirement (JP 1-02)
UGR.....	unitized group ration (Army FM 4-02.10)
UH.....	utility helicopter (Army FM 4-02.2)
UHF.....	ultrahigh frequency (JP 1-02)
UIC.....	unit identification code (JP 1-02)
UJTL .....	Universal Joint Task List (JP 1-02)
ULC.....	unit level code (JP 1-02)
ULN .....	unit line number (JP 1-02)
UN.....	United Nations (JP 1-02)

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<sup>13</sup> Was JCAHO, Joint Commission on Accreditation of Health Care Organizations (Navy Pubs)

UNS.....universal needs statement (MCWP 4-11-1)  
 UNTL.....Universal Naval Task List (Navy Pubs)  
 USA.....United States Army (JP 4-02)  
 USAF.....United States Air Force (JP 4-02)  
 USAFE.....United States Air Forces in Europe (JP 1-02)  
 USAFORSCOM.....United States Army Forces Command (Army ATTP 4-02)  
 USAFRICOM.....United States Africa Command (JP 1-02)  
 USARIEM.....United States Army Research Institute of Environmental Medicine  
 (Navy Pubs)  
 USAISR.....United States Army Institute of Surgical Research (Army FM 4-  
 02)  
 USAMEDCOM.....United States Army Medical Command (Army ATTP 4-02)  
 USAMEDDC&S.....United States Army Medical Department Center and School (Army  
 ATTP 4-02)  
 USAMMA.....United States Army Medical Materiel Agency (Army ATTP 4-02)  
 USAMRICD.....US Army Medical Research Institute for Chemical Defense  
 (JP 1-02)  
 USAMRIID.....US Army Medical Research Institute of Infectious Disease  
 (JP 1-02)  
 USAMRMC.....United States Army Medical Research and Materiel Command  
 (Army ATTP 4-02)  
 USAPHC.....United States Army Public Health Command  
 USARNORTH.....US Army Force North (JP 1-02)  
 USARPAC.....United States Army, Pacific Command (JP 1-02)  
 USARSO.....United States Army, Southern Command (JP 1-02)  
 USASOC.....United States Army Special Operations Command (JP 1-02)  
 USC.....United States Code (JP 4-02)  
 USCENTAF.....United States Central Command Air Forces (JP 1-02)  
 USCENTCOM.....United States Central Command (JP 1-02)  
 USCG.....United States Coast Guard (JP 4-02)  
 USCG COMDTINST.....United States Coast Guard Commandant instruction (Navy Pubs)  
 USERID.....user identification (JP 1-02)  
 USEUCOM.....United States European Command (JP 1-02)  
 USFFC.....United States Fleet Forces Command (Navy Pubs)  
 USFJ.....United States Forces, Japan (JP 1-02)  
 USFK.....United States Forces, Korea (JP 1-02)  
 USFLTFORCOM.....United States Fleet Forces Command (Navy Pubs)  
 USG.....United States Government (JP 4-02)  
 USMARFORCENT.....United States Marine Component, Central Command (JP 1-02)  
 USMARFORCOM.....United States Marine Forces Command  
 USMARFOREUR.....United States Marine Component, European Command  
 USMARFORPAC.....United States Marine Component, Pacific Command (JP 1-02)  
 USMARFORSOUTH.....United States Marine Component, Southern Command (JP 1-02)  
 USMC.....United States Marine Corps (JP 4-02)  
 USN.....United States Navy (JP 4-02)  
 USNAVCENT.....United States Naval Forces, Central Command (JP 1-02)

USNAVEUR.....United States Naval Forces, Europe (JP 1-02)  
 USNAVSO.....United States Naval Forces, Southern Command (JP 1-02)  
 USNORTHCOM.....United States Northern Command (JP 1-02)  
 USNS .....United States Naval Ship (JP 1-02)  
 USPACAF.....United States Air Forces Pacific Command (JP 1-02)  
 USPACFLT.....United States Pacific Fleet (JP 1-02)  
 USPACOM.....United States Pacific Command (JP 1-02)  
 USSOCOM.....United States Special Operations Command (JP 1-02)  
 USSOUTHAF.....United States Air Force, Southern Command (JP 1-02)  
 USSOUTHCOM.....United States Southern Command (JP 1-02)  
 USSTRATCOM.....United States Strategic Command (JP 1-02)  
 USTRANSCOM.....United States Transportation Command (JP 4-02)  
 UTC.....unit type code (JP 4-02)  
 UW .....unconventional warfare (JP 1-02)

## V

VA.....Veterans Administration (JP 1-02)  
 VET.....veterinary (Army ATTP 4-02)  
 VFS.....validating flight surgeon (JP 1-02)  
 VHF.....very high frequency (JP 1-02)  
 VMI.....vendor managed inventory (JP 1-02)  
 VSI.....very seriously ill (Army ATTP 4-02)  
 VSII.....very seriously ill or injured (JP 1-02)  
 VSL.....very sick list

## W

WAN.....wide-area network (JP 1-02)  
 WARNORD.....warning order (JP 1-02)  
 WER.....Weekly Epidemiological Record (Navy Pubs)  
 WH.....wounded due to hostilities (JP 1-02)  
 WHO.....World Health Organization (JP 1-02)  
 WIA.....wounded in action (JP 4-02)  
 WMP.....War and Mobilization Plan (JP 1-02)  
 WOC.....wing operations center (USAF) (JP 1-02)  
 WRAIR.....Walter Reed Army Institute of Research (JP 1-02)  
 WRM.....war reserve materiel (JP 1-02)  
 WWW.....World Wide Web (Navy Pubs)

# Definitions

## A

**acceptability:** The joint operation plan review criterion for assessing whether the contemplated course of action is proportional, worth the cost, consistent with the law of war; and is militarily and politically supportable. (JP 5-0)

**acquisition and cross-servicing agreement (ACSA):** Agreements negotiated on a bilateral basis with US allies or coalition partners that allow US forces to exchange most common types of support, including food, fuel, transportation, ammunition, and equipment. Authority to negotiate these agreements is usually delegated to the combatant commander by the Secretary of Defense. Authority to execute these agreements lies with the Secretary of Defense, and may or may not be delegated. Governed by legal guidelines, these agreements are used for contingencies, peacekeeping operations, unforeseen emergencies, or exercises to correct logistic deficiencies that cannot be adequately corrected by national means. The support received or given is reimbursed under the conditions of the acquisition and cross-servicing agreement. (JP 4-08)

**active duty (AD):** Full-time duty in the active military service of the United States. This includes members of the Reserve Component serving on active duty or full-time training duty, but does not include full-time National Guard duty. (JP 4-05)

**active status:** Status of all Reserves except those on an inactive status list or in the Retired Reserve. Reservists in an active status may train for points and/or pay and may be considered for promotion. (JP 1-02)

**acute care services:** Medical services provided for patients with conditions that generally have a rapid onset and follow a short course or require immediate attention. Most battlefield care rendered after wounding, illness, or injury onset is acute care service. Acute care service is delivered after the onset of symptoms, which differentiates it from preventive care that is delivered before symptoms appear. (JP 4-02)

**Adaptive Planning and Execution System (APEX):** A Department of Defense system of joint policies, processes, procedures, and reporting structures, supported by communications and information technology, that is used by the joint planning and execution community to monitor, plan, and execute mobilization, deployment, employment, sustainment, redeployment, and demobilization activities associated with joint operations. (JP 5-0)

**additional crewmember (ACM):** Mobility aircrew members possessing valid aeronautical orders who are authorized to accompany the normal crew complement required for that mission. (Air Force Pubs)

**adequate care:** Health care sufficient to provide the lowest possible mortality and morbidity rates for wounded in action and nonbattle injury casualties in the theater force. Initial resuscitation should be prompt, adequate, and at the point of injury or as far forward as tactically



feasible. Those soldiers who are wounded in action or suffering from nonbattle injury will be treated and evacuated as expeditiously as possible to the role of care required for initial wound therapy. Initial wound surgery will consist of those procedures to stabilize neurological, vascular, bone and joint wounds and injuries. Initial wound surgery for the less severe injuries may permit return to duty within the stated theater evacuation policy. If not capable of returning to duty within the evacuation policy, patients should be evacuated to a role of care capable of providing definitive care. (ATTP 4-02)

**adequacy:** The joint operation plan review criterion for assessing whether the scope and concept of planned operations can accomplish the assigned mission and comply with the planning guidance provided. (JP 5-0)

**administrative control (ADCON):** Direction or exercise of authority over subordinate or other organizations in respect to administrative and support, including organization of Service forces, control of resources and equipment, personnel management, unit logistics, individual and unit training, readiness, mobilization, demobilization, discipline, and other matters not included in the operational missions of the subordinate or other organizations. (JP 1)

**admission rates:** Number of patients per 1000 PAR admitted to a theater hospital. Admission rates are a subset of occurrence rates. (Medical planning and Programming Unique)

**advanced trauma management (ATM):** Resuscitative and stabilizing medical or surgical treatment provided to patients to save life or limb and to prepare them for further evacuation without jeopardizing their well-being or prolonging the state of their condition. (ATTP 4-02)

**aerial port (APORT):** An airfield that has been designated for the sustained air movement of personnel and materiel as well as an authorized port for entrance into or departure from the country where located. (JP 3-17)

**aeromedical evacuation (AE):** The Air Force defines aeromedical evacuation as the movement of patients under medical supervision between medical treatment facilities (MTFs) by fixed-wing aircraft by qualified aeromedical evacuation crew members (AECMs). (Air Force Pubs)

**aeromedical evacuation (AE):** The movement of patients under medical supervision to and between medical treatment facilities by air transportation. (Joint Pub 4-02)

**aeromedical evacuation control team (AECT):** A core team assigned to a component-numbered air force, Air Force air and space operations center, or air mobility division that provides command and control of assigned aeromedical evacuation forces. (JP 3-17)

**aeromedical evacuation control team (AECT):** A cell within the air operations center and one of the core teams in the air mobility division. Provides command and control for theater aeromedical evacuation elements. It is responsible to the director of mobility forces for current aeromedical evacuation operational planning and mission execution. The aeromedical evacuation control team analyzes patient movement requirements; coordinates airlift to meet aeromedical evacuation requirements; tasks the appropriate aeromedical evacuation elements including

special medical requirements, when necessary; and passes mission information to the patient movement requirement center. (Air Force Pubs)

**aeromedical evacuation crew (AEC):** Applies to entire crew: (MCD) Medical Crew Director, (FN) Flight Nurse, (CMT) Charge Medical Technician, (2AET) Second Aeromedical Evacuation Technician (3AET) Third Aeromedical Evacuation Technician. (Air Force Pubs)

**aeromedical evacuation crew members (AECM):** Qualified flight nurses (FN), aeromedical evacuation technicians (AET), and unqualified student trainees under the direct supervision of a qualified instructor or FN, performing AE duties. (Air Force Pubs)

**aeromedical evacuation operations officer (AEEO):** Medical Service Corps (MSC) officer or medical administrative specialist or technician (AFSC 4A0X1) assigned to the AE system to perform duties outlined in applicable Air Force policy directives, instructions, 41-series handbooks, and this AFI. (Air Force Pubs)

**aeromedical evacuation unit:** An operational medical organization concerned primarily with the management and control of patients being transported via an aeromedical evacuation system or system echelon. (JP 4-02)

**aeromedical readiness missions (ARMs):** Simulated Aeromedical Evacuation missions that are the primary means of preparing for AE airlift. These missions can be diverted to fulfill “real” versus “simulated” patient airlift requirements. (Air Force Pubs)

**air and space expeditionary task force (AETF):** A deployed numbered air force or command echelon immediately subordinate to a numbered air force provided as the United States Air Force component command committed to a joint operation. (JP 3-30)

**air and space operations center (AOC):** The senior agency of the Air Force component commander that provides command and control of Air Force air and space operations and coordinates with other components and Services. (JP 3-30)

**air expeditionary force (AEF):** Deployed US Air Force wings, groups, and squadrons committed to a joint operation. (JP 3-33)

**airfield:** An area prepared for the accommodation (including any buildings, installations, and equipment), landing, and takeoff of aircraft. (JP 3-17)

**airhead:** 1. A designated area in a hostile or potentially hostile operational area that, when seized and held, ensures the continuous air landing of troops and materiel and provides the maneuver space necessary for projected operations. Normally it is the area seized in the assault phase of an airborne operation. (JP 3-18) 2. A designated location in an operational area used as a base for supply and evacuation by air. (JP 3-17)

**airlift capability:** The total capacity expressed in terms of number of passengers and/or weight/cubic displacement of cargo that can be carried at any one time to a given destination by available airlift. (JP 3-17)

**airlift requirement:** The total number of passengers and/or weight/cubic displacement of cargo required to be carried by air for a specific task. (JP 3-17)

**Air Mobility Command (AMC):** The Air Force component command of the US Transportation Command. (JP 3-17)

**Air Mobility Division (AMD):** Located in the joint air operations center to plan, coordinate, task, and execute the air mobility mission. Consists of the air mobility control team, airlift control team, air refueling control team, and aeromedical evacuation control team. Coordinates with the joint force commander's movement requirements and control authority, the theater air mobility operations control center, if established, and the Air Mobility Command's tanker/airlift control center, as required. (JP 3-17)

**air superiority:** That degree of dominance in the air battle of one force over another that permits the conduct of operations by the former and its related land, maritime, and air forces at a given time and place without prohibitive interference by the opposing force. (JP 3-30)

**air supremacy:** That degree of air superiority wherein the opposing air force is incapable of effective interference. (JP 3-30)

**alert order (ALERTORD):** 1. A crisis action planning directive from the Secretary of Defense, issued by the Chairman of the Joint Chiefs of Staff, that provides essential guidance for planning and directs the initiation of execution planning for the selected course of action authorized by the Secretary of Defense. 2. A planning directive that provides essential planning guidance and directs the initiation of execution planning after the directing authority approves a military course of action. An alert order does not authorize execution of the approved course of action. (JP 5-0)

**allocation:** Distribution of limited forces and resources for employment among competing requirements. (JP 5-0)

**allotment:** The temporary change of assignment of tactical air forces between subordinate commands. The authority to allot is vested in the commander having combatant command (command authority). (JP 1-02)

**allowable cabin load (ACL):** The maximum payload that can be carried on an individual sortie. (JP 3-17)

**allowable cabin load (ACL):** Maximum payload that can be carried on a mission. It may be limited by the maximum takeoff gross weight, maximum landing gross weight, maximum zero fuel weight, or aircraft configuration. Maximum through load is limited to that which can be carried on the most restrictive leg of the mission. (Air Force Pubs)

**allowance standards (AS):** The AS prescribe the items and quantities of equipment required to perform assigned peacetime and wartime missions, functions, and duties of Air Force organizations and individual specialists. (Navy)

**ambulance control point:** The ambulance control point consists of a soldier (from the ambulance company or platoon) stationed at a crossroad or road junction where ambulances may take one of two or more directions to reach loading points. The soldier, knowing from which location each loaded ambulance has come, directs empty ambulances returning to the rear. The need for control points is dictated by the situation. Generally, they are more necessary in forward areas. (FM 4-02.2)

**ambulance exchange point (AXP):** A location where a patient is transferred from one ambulance to another en route to an MTF. This may be an established point in an ambulance shuttle or it may be designated independently. (FM 4-02.2, FM 4-02.6)

**ambulance loading point:** This is a point in the shuttle system where one or more ambulances are stationed ready to receive patients for evacuation. (FM 4-02.6)

**amphibious assault ship (general purpose) (LHA):** A naval ship designed to embark, deploy, and land elements of a landing force in an assault by helicopters, landing craft, amphibious vehicles, and by combinations of these methods. (JP 3-04)

**amphibious assault ship (multipurpose) (LHD):** A naval ship designed to embark, deploy, and land elements of a landing force in an assault by helicopters, landing craft, amphibious vehicles, and by combinations of these methods. (JP 3-02)

**amphibious objective area (AOA):** A geographical area (delineated for command and control purposes in the order initiating the amphibious operation) within which is located the objective(s) to be secured by the amphibious force. This area must be of sufficient size to ensure accomplishment of the amphibious force's mission and must provide sufficient area for conducting necessary sea, air, and land operations. (JP 3-02)

**amphibious task force (ATF):** A Navy task organization formed to conduct amphibious operations. The amphibious task force, together with the landing force and other forces, constitutes the amphibious force. (JP 3-02)

**antemortem data:** Medical records, samples, and photographs taken prior to death. These include (but are not limited to) fingerprints, dental x-rays, body tissue samples, photographs of tattoos, or other identifying marks. These "pre-death" records would be compared against records completed after death to help establish a positive identification of human remains. (JP 4-06)

**apportionment:** In the general sense, distribution of forces and capabilities as the starting point for planning, etc. (JP 5-0)

**area command:** A command which is composed of those organized elements of one or more of the Armed Services, designated to operate in a specific geographical area, which are placed under a single commander. (JP 3-10)

**area of interest (AOI):** That area of concern to the commander, including the area of influence, areas adjacent thereto, and extending into enemy territory to the objectives of current or planned operations. This area also includes areas occupied by enemy forces who could jeopardize the accomplishment of the mission. (JP 3-0)

**area of operations (AO):** An operational area defined by the joint force commander for land and maritime forces that should be large enough to accomplish their missions and protect their forces. (JP 3-0)

**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)

**Armed Force of the United States:** A term used to denote collectively all components of the Army, Navy, Air Force, Marine Corps, and Coast Guard (when mobilized under Title 10, United States Code to augment the Navy). (JP 1)

**Army corps:** An intermediate headquarters between divisions and the theater army. A corps may consist of two or more divisions together with supporting brigades. Corps headquarters are capable of serving as either a joint task force or joint force land component command headquarters. (JP 3-31)

**army design methodology:** A methodology for applying critical and creative thinking to understand, visualize, and describe unfamiliar problems in approaches to solving them. (ADP 5-0)

**Army Force Generation (ARFORGEN):** ARFORGEN is the structured progression of increased unit readiness over time to produce trained, ready, and cohesive units prepared on a rotational basis for operational deployment ISO the CCDR and other Army requirements. (AR 525-29)

**Army Health System (AHS):** A component of the Military Health Systems that is responsible for operational management of the health service support and force health protection missions for training, predeployment, deployment, and postdeployment operations. Army health system includes all mission support services performed, provided, or arranged by the Army Medical Department to support health service support and force health protection mission requirements for the Army and as directed, for joint, intergovernmental agencies, coalition, and multinational forces. (ATTP 4-02)

**Army Medical Logistics Enterprise (AMLE):** The combination of generating and operating force organizations that work within a collaborative and networked framework to meet the medical logistics needs of the Army Health System in providing health service support and force

health protection capabilities to the Army and/or Joint Force Commander. (Special Text 4-02.1, Army)

**Army Service component command (ASCC):** Command responsible for recommendations to the joint force commander on the allocation and employment of Army forces within a combatant command. (JP 3-31)

**Army support area:** The specific support area for a theater Army that is outside of a division or corps' operational area established primarily for the positioning, employment, and protection of theater support units; and where the majority of the sustaining operations occur. (JP 3-31)

**arrival/departure airfield control group:** An Army unit that receives/releases Army units from/ to the Air Force carrier and controls them until released to/from their parent unit or until their operational mission is assured. (FM 3-35)

**art of command:** The creative and skillful exercise of authority through timely decision-making and leadership. (ADP 6-0)

**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 a condition, 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 3-0)

**asset visibility (AV):** Provides users with information on the location, movement, status, and identity of units, personnel, equipment, and supplies. It facilitates the capability to act upon that information to improve overall performance of the Department of Defense's logistics practices. (JP 3-35)

**assign:** 1. To place units or personnel in an organization where such placement is relatively permanent, and/or where such organization controls and administers the units or personnel for the primary function, or greater portion of the functions, of the unit or personnel. 2. To detail individuals to specific duties or functions where such duties or functions are primary and/or relatively permanent. (JP 3-0)

**assumption:** A supposition on the current situation or a presupposition on the future course of events, either or both assumed to be true in the absence of positive proof, necessary to enable the commander in the process of planning to complete an estimate of the situation and make a decision on the course of action. (JP 5-0)

**attach:** 1. The placement of units or personnel in an organization where such placement is relatively temporary. 2. The detailing of individuals to specific functions where such functions are secondary or relatively temporary, e.g., attached for quarters and rations; attached for flying duty. (JP 3-0)

**augmentation forces:** Forces to be transferred from a supporting combatant commander to the combatant command (command authority) or operational control of a supported combatant commander during the execution of an operation order approved by the President and Secretary of Defense. (JP 5-0)

**augmented crew:** Basic aircrew supplemented by additional qualified aircrew members to permit in-flight rest periods. (Air Force Pubs)

**Automated Repatriation Reporting System:** The Defense Manpower Data Center uses this system to track the status of noncombatant evacuees after they have arrived in an initial safe haven in the United States. (JP 3-68)

**available-to-load date (ALD):** A date specified for each unit in a time-phased force and deployment data indicating when that unit will be ready to load at the point of embarkation. (JP 5-0)

**aviation medicine:** The special field of medicine which is related to the biological and psychological problems of flight. (JP 4-02)

**average length of stay (ALOS):** Average length of stay (ALOS) applies to patients who will return to duty from a given level of care. It defines the average number of days a patient will remain in a medical treatment facility before being returned to duty. (Medical Planning and Programming Unique)

## B

**backfill:** Reserve Component units and individuals recalled to replace deploying active units and/or individuals in the continental United States and outside the continental United States. (JP 4-05)

**bandwidth:** The difference between the limiting frequencies of a continuous frequency band expressed in hertz (cycles per second). The term bandwidth is also loosely used to refer to the rate at which data can be transmitted over a given communications circuit. In the latter usage, bandwidth is usually expressed in either kilobits per second or megabits per second. (JP 1-02)

**bare base:** A base having minimum essential facilities to house, sustain, and support operations to include, if required, a stabilized runway, taxiways, and aircraft parking areas. A bare base must have a source of water that can be made potable. Other requirements to operate under bare base conditions form a necessary part of the force package deployed to the bare base. (JP 3-05.1)

**base:** 1. A locality from which operations are projected or supported. 2. An area or locality containing installations which provide logistic or other support. 3. Home airfield or home carrier. (JP 4-0)

**basic load:** The quantity of supplies required to be on hand within, and which can be moved by, a unit or formation. It is expressed according to the wartime organization of the unit or formation and maintained at the prescribed levels. (JP 4-09)

**battle damage:** All types of equipment damage and failures resulting from wartime operations that prevent the equipment from completing its mission. (ATTP 4-33)

**battle injury (BI):** Damage or harm sustained by personnel during or as a result of battle conditions. (JP 4-02)

**battle rhythm:** A deliberate daily cycle of command, staff, and unit activities intended to synchronize current and future operations. (JP 3-33)

**biological agent:** A microorganism that causes disease in personnel, plants, or animals or causes the deterioration of materiel. (JP 3-11)

**biological hazard:** An organism, or substance derived from an organism, that poses a threat to human or animal health. This can include medical waste, samples of a microorganism, virus, or toxin (from a biological source) that can impact human health. (JP 3-11)

**biological threat agent field confirmation identification:** Identification of a suspect biological warfare agent by means of devices/materials/technologies that are based on detecting biological markers using two or more independent biomarker results. (FM 4-02.7)

**biological threat agent definitive identification:** The specific identification of a suspect biological warfare agent as to genus and species, serological type, or toxin. This level of



identification is by means of devices/materials/technologies that are based on two or more independent biomarker results and using different methodologies. This level of identification is performed in a nationally recognized reference laboratory with a broader variety of methodologies available and highly skilled testing personnel, thus providing the highest levels of accuracy. (FM 4-02.7)

**biological threat agent field presumptive identification:** Identification of a suspect biological warfare agent by means of devices/materials/technologies that are based on detecting biological markers (biomarkers) using a single methodology or initial systems, or laboratory analysis employing one screening methodology. (FM 4-02.7)

**biological warfare:** Employment of biological agents to produce casualties in personnel or animals, or damage to plants or materiel; or defense against such employment. (JP 3-11)

**Bio-intelligence:** Bio-intelligence is closely related to but not a true subset of health surveillance. It is the regular or repeated collection, analysis, and interpretation of data specifically related to extremely virulent biological organisms or toxins that have the potential either naturally or after modification to produce mass casualties either as a local area contamination hazard or through highly contagious spread of disease. The data includes but is not limited to the identification and characterization of select agents, the identification and monitoring of facilities capable of handling select agents, the identification and monitoring of personnel capable of researching and/or modifying select agents. The purpose of bio-intelligence is to provide assurance that select agents are not accidentally released into the environment or transferred to unlicensed facilities or actors in order to prevent select agents from being used as a weapon of mass destruction (WMD). Bio-intelligence therefore utilizes both open source health surveillance data and closed source intelligence data, the combination of which is useful to both health professionals and law enforcement officials. The health surveillance aspect of bio-intelligence is sufficient to detect an event of human cases of disease being caused by select agents. (New Definition from USSTRATCOM)

**blister agent:** A chemical agent which injures the eyes and lungs, and burns or blisters the skin. Also called **vesicant agent**. (JP 3-11)

**blood agent:** A chemical compound, including the cyanide group, that affects bodily functions by preventing the normal utilization of oxygen by body tissues. (JP 3-11)

**brigade combat team (BCT):** As combined arms teams, brigade combat teams form the basic building block of the Army's tactical formations. They are the principal means of executing engagements. Three standardized brigade combat teams designs exist; heavy, infantry, and Stryker. Battalion-sized maneuver, fires, reconnaissance, and sustainment units are organic to a brigade combat team. (JP 3-31)

**buddy-aid:** Acute medical care (first aid) provided by a non-medical Service member to another person. (JP 4-02)

## C

**camouflage:** The use of natural or artificial materials on personnel, objects, and tactical positions to confuse, mislead, or evade the enemy. (ATTP 3-34.39)

**campaign:** A series of related major operations aimed at achieving strategic and operational objectives within a given time and space. (JP 5-0)

**campaign plan:** A joint operation plan for a series of related major operations aimed at achieving strategic or operational objectives within a given time and space. (JP 5-0)

**campaign planning:** The process whereby combatant commanders and subordinate joint force commanders translate national or theater strategy into operational concepts through the development of an operation plan for a campaign. Campaign planning may begin during contingency planning when the actual threat, national guidance, and available resources become evident, but is normally not completed until after the President or Secretary of Defense selects the course of action during crisis action planning. Campaign planning is conducted when contemplated military operations exceed the scope of a single major joint operation. (JP 5-0)

**capabilities based assessment:** The CBA is the analytic basis of the JCIDS process. It identifies capability needs and gaps and recommends non-materiel or materiel approaches to address gaps.

**care under fire:** Term used to distinguish immediate care which is worth performing while/before seeking safety. “The first phase of Tactical Combat Casualty Care during which first responders and casualties are under effective hostile fire. The care that can be provided is severely limited.” This is an important distinguishing factor for medical standards of care. (Air Force)

**cargo increment number:** A seven-character alphanumeric field that uniquely describes a non-unit-cargo entry (line) in the Joint Operation Planning and Execution System time-phased force and deployment data. (JP 1-02)

**carrier strike group (CSG):** A standing naval task group consisting of a carrier, embarked airwing, surface combatants, and submarines as assigned in direct support, operating in mutual support with the task of destroying hostile submarine, surface, and air forces within the group’s assigned operational area and striking at targets along hostile shore lines or projecting power inland. (JP 3-02)

**casualty:** Any person who is lost to the organization by having been declared dead, duty status – whereabouts unknown, missing, ill, or injured. (JP 4-02)

**casualty evacuation (CASEVAC):** The unregulated movement of casualties that can include movement both to and between medical treatment facilities. (JP 4-02)

**casualty evacuation (CASEVAC):** (1) This is the term used by nonmedical units to refer to the movement of casualties aboard nonmedical vehicles or aircraft. En route medical care is not provided. (2) Casualty evacuation is a term used by nonmedical units to refer to the movement of casualties aboard nonmedical vehicles or aircraft. Casualties transported in this manner do not receive en route medical care. (ATP 4-25.13)

**casualty rate:** The number of casualties per 1,000 population at risk. Casualty rates are normally displayed as N.NN/1000. There are 12 different casualty rate types. (1) wounded-in-action; (2) killed-in-action; (3) missing-in-action; (4) captured; (5) administrative losses; (6) combat stress (previously called battle fatigue); (7) disease; (8) non-battle injury; (9) nuclear; (10) biological; (11) chemical; (12) outpatient visits. (Joint Medical Planning and Programming Unique)

**casualty receiving and treatment ship (CRTS):** In amphibious operations, a ship designated to receive, provide treatment for, and transfer casualties. (JP 3-02)

**casualty source:** A term used in JMAT to refer to an icon that represents a population at risk. A casualty source icon can represent any of the following population types: (1) a Service population (Army, Navy, Air Force, or Marine Corps); (2) a civilian population; (3) a prisoner population; (4) a population designated as other; (5) a total of eight different NATO type populations. (Joint Medical Planning and Programming Unique)

**C-day:** The unnamed day on which a deployment operation commences or is to commence. (JP 5-0)

**chain of command:** The succession of commanding officers from a superior to a subordinate through which command is exercised. (JP 3-0)

**chemical agent:** A chemical substance which is intended for use in military operations to kill, seriously injure, or incapacitate mainly through its physiological effects. The term excludes riot control agents when used for law enforcement purposes, herbicides, smoke, and flames. (JP 3-11)

**chemical, biological, radiological, and nuclear (CBRN) defense:** Measures taken to minimize or negate the vulnerabilities and/or effects of a chemical, biological, radiological, or nuclear incident. (JP 3-11)

**chemical warfare (CW):** All aspects of military operations involving the employment of lethal and incapacitating munitions/agents and the warning and protective measures associated with such offensive operations. Since riot control agents and herbicides are not considered to be chemical warfare agents, those two items will be referred to separately or under the broader term “chemical,” which will be used to include all types of chemical munitions/agents collectively. (JP 3-11)

**chemical warfare agent:** A chemical substance which, because of its physiological, psychological, or pharmacological effects, is intended for use in military operations to kill,

seriously injure, or incapacitate humans (or animals) through its toxicological effects. Excluded are riot control agents, chemical herbicides, and smoke and flame materials. Chemical agents are nerve agents, incapacitating agents, blister agents (vesicants), lung-damaging agents, blood agents, and vomiting agents. (ATTP 4-02)

**civil-military medicine:** A discipline within operational medicine comprising public health and medical issues that involve a civil-military interface (foreign or domestic), including military medical support to civil authorities (domestic), medical elements of cooperation, and medical civil-military operations. (JP 4-02)

**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 US 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 3-57)

**Civil Reserve Air Fleet (CRAF):** A program in which the Department of Defense contracts for the services of specific aircraft, owned by a US entity or citizen, during national emergencies and defense-oriented situations when expanded civil augmentation of military airlift activity is required. These aircraft are allocated, in accordance with Department of Defense requirements, to segments, according to their capabilities, such as international long range and short range cargo and passenger sections, national (domestic and Alaskan sections) and aeromedical evacuation and other segments as may be mutually agreed upon by the Department of Defense and the Department of Transportation. (JP 3-17)

a. CRAF Stage I. This stage involves DoD use of civil air resources that air carriers will furnish to the DoD to support substantially expanded peacetime military airlift requirements. The Commander, Air Mobility Command, may authorize activation of this stage and assume mission control of those airlift assets committed to CRAF Stage I.

b. CRAF Stage II. This stage involves DoD use of civil air resources that the air carriers will furnish to DoD in a time of defense airlift emergency. The Secretary of Defense, or his designee, may authorize activation of this stage permitting the Commander, AMC, to assume mission control of those airlift assets committed to CRAF Stage II.

c. CRAF Stage III. This stage involves DoD use of civil air resources owned by a US entity or citizen that the air carriers will furnish to the DoD in a time of declared national defense-oriented emergency or war, or when otherwise necessary for the national defense. The aircraft in this stage are allocated by the Secretary of Transportation to the Secretary of Defense. The Secretary of Defense may authorize activation of this stage permitting the Commander, AMC, to assume mission control of those airlift assets committed to CRAF Stage III.

**civil support (CS):** Department of Defense support to US civil authorities for domestic emergencies, and for designated law enforcement and other activities. (JP 3-28)

**classes of supply:** The ten categories into which supplies are grouped in order to facilitate supply management and planning. I. Rations and gratuitous issue of health, morale, and welfare items. II. Clothing, individual equipment, tentage, tool sets, and administrative and housekeeping supplies and equipment. III. Petroleum, oils, and lubricants. IV. Construction materials. V. Ammunition. VI. Personal demand items. VII. Major end items, including tanks, helicopters, and radios. VIII. Medical. IX. Repair parts and components for equipment maintenance. X. Nonstandard items to support nonmilitary programs such as agriculture and economic development. (JP 4-09)

**closure:** In transportation, the process of a unit arriving at a specified location. It begins when the first element arrives at a designated location, e.g., port of entry and/or port of departure, intermediate stops, or final destination, and ends when the last element does likewise. For the purposes of studies and command post exercises, a unit is considered essentially closed after 95 percent of its movement requirements for personnel and equipment are completed. (JP 1-02)

**closure shortfall:** The specified movement requirement or portion thereof that did not meet scheduling criteria and/or movement dates. (JP 1-02)

**coalition:** An arrangement between two or more nations for common action. (JP 5-0)

**collection point(s) (patient or casualty) (CCP):** (1) A specific location where casualties are assembled to be transported to an MTF; for example, a battalion aid station. (2) A specific location where casualties are assembled to be transported to a medical treatment facility. It is usually predesignated and may be either staffed or not. The level designating the point provides the staffing. (ATTP 4-02)

**collection point (CP):** A point designated for the assembly of personnel casualties, stragglers, disabled materiel, salvage, etc., for further movement to collecting stations or rear installations. (JP 4-06)

**combat and operational stress:** The expected and predictable emotional, intellectual, physical, and/or behavioral reactions of Service members who have been exposed to stressful events in war and stability operations. (JP 4-02)

**combat and operational stress control:** Programs developed and actions taken by military leadership to prevent, identify, and manage adverse combat and operational stress reactions in units; optimize mission performance; conserve fighting strength; prevent or minimize adverse effects of combat and operational stress on members' physical, psychological, intellectual and social health; and to return the unit or Service member to duty expeditiously. (JP 4-02)

**combat and operational stress control (COSC):** A coordinated program for the prevention, triage and treatment of each level of battle fatigue to maximize rapid return to duty and minimize

misconduct stress reactions and post-traumatic stress disorders. This program is conducted by unit mental health personnel plus echelon above division combat stress control units. (ATTP 4-02)

**combat and operational stress injury (COSI):** A combat and operational stress injury is a potentially irreversible change in the mind and brain due to combat or operational stress that exceeds in intensity or duration the ability of the Sailor or Marine to adapt. Combat and operational stress injury symptoms normally resolve over time as the injury heals but intervention may be required to promote healing. Combat and operational stress injuries include three types: traumatic stress injury, fatigue stress injury, and grief. Many combat and operational stress injuries include components of more than one type of stress injury because trauma, fatigue, and grief are not mutually exclusive. (Navy Pubs)

**combatant command:** A unified or specified command with a broad continuing mission under a single commander established and so designated by the President, through the Secretary of Defense and with the advice and assistance of the Chairman of the Joint Chiefs of Staff. Combatant commands typically have geographic or functional responsibilities. (JP 5-0)

**combatant command (command authority) (COCOM):** Nontransferable command authority established by Title 10 (“Armed Forces”), United States Code, Section 164, exercised only by commanders of unified or specified combatant commands unless otherwise directed by the President or the Secretary of Defense. Combatant command (command authority) cannot be delegated and is the authority of a combatant commander to perform those functions of command over assigned forces involving organizing and employing commands and forces, assigning tasks, designating objectives, and giving authoritative direction over all aspects of military operations, joint training, and logistics necessary to accomplish the missions assigned to the command. Combatant command (command authority) 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. Combatant command (command authority) provides full authority to organize and employ commands and forces as the combatant commander considers necessary to accomplish assigned missions. Operational control is inherent in combatant command (command authority). (JP 1)

**combatant commander (CCDR):** A commander of one of the unified or specified combatant commands established by the President. (JP 3-0)

**combat lifesaver (CLS):** Is a nonmedical soldier or marine trained to provide enhanced first aid as a secondary mission. Enhanced first aid procedures include, but are not limited to, initiating an intravenous infusion, administering additional nerve agent antidote, and inserting an oropharyngeal airway. Normally, one member of each squad, team, or crew is trained. (ATTP 4-02)

**combat service support<sup>14</sup> (CSS):** The essential capabilities, functions, activities, and tasks necessary to sustain all elements of operating forces in theater at all levels of war. Within the national and theater logistic systems, it includes but is not limited to that support rendered by

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<sup>14</sup> An obsolete term for the Army

service forces in ensuring the aspects of supply, maintenance, transportation, health services, and other services required by aviation and ground combat troops to permit those units to accomplish their missions in combat. Combat service support encompasses those activities at all levels of war that produce sustainment to all operating forces on the battlefield. (JP 4-0)

**combat support<sup>15</sup> (CS):** Fire support and operational assistance provided to combat elements. (JP 4-0)

**combined:** Between two or more forces or agencies of two or more allies. (When all allies or services are not involved, the participating nations and services shall be identified, e.g., combined navies.) (JP 1-02)

**combined force:** A military force composed of elements of two or more allied nations. (JP 1-02)

**command (CMD):** 1. The authority that a commander in the armed forces lawfully exercises over subordinates by virtue of rank or assignment. Command includes the authority and responsibility for effectively using available resources and for planning the employment of, organizing, directing, coordinating, and controlling military forces for the accomplishment of assigned missions. It also includes responsibility for health, welfare, morale, and discipline of assigned personnel. 2. An order given by a commander; that is, the will of the commander expressed for the purpose of bringing about a particular action. 3. A unit or units, an organization, or an area under the command of one individual. (JP 1)

**command and control (C2)<sup>16</sup>:** 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)

**command and control chemical, biological, radiological, and nuclear response element (C2CRE):** To address the potential for multiple, simultaneous disasters or incidents and to provide additional response capability for a catastrophic incident, the second existing and third planned CCMRFs are replaced with two smaller elements focused on providing command and control (C2) and logistics capabilities for Title 10 follow-on forces (USNORTHCOM CONPLAN 3500-11, CBRN RESPONSE).

**command and staff channels:** These channels clearly identify the official relationship of commands and staffs and the flow of information as commander to commander, staff to staff, and technical activity to technical activity. (FM 5-0)

**commander's estimate:** A developed course of action designed to provide the Secretary of Defense with military options to meet a potential contingency. (JP 5-0)

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<sup>15</sup> An obsolete term for the Army

<sup>16</sup> An obsolete term for the Army

**commander's intent:** A clear and concise expression of the purpose of the operation and the desired military end state that supports mission command, provides focus to the staff, and helps subordinate and supporting commanders act to achieve the commander's desired results without further orders, even when the operation does not unfold as planned. (JP 3-0)

**commander's required delivery date:** The original date relative to C-day, specified by the combatant commander for arrival of forces or cargo at the destination; shown in the time-phased force and deployment data to assess the impact of later arrival. (JP 5-0)

**command post:** The principal facility employed by the commander to mission command combat operations. A command post consists of those coordinating and special staff activities and representatives from supporting Army elements and other services that may be necessary to carry out operations. Echelons above brigade headquarters are particularly adaptable to organization by echelon into a tactical command post, a main command post, and a rear command post. (FM 4-02.12)

**common operating environment (COE):** Automation services that support the development of the common reusable software modules that enable interoperability across multiple combat support applications. This includes segmentation of common software modules from existing applications, integration of commercial products, development of a common architecture, and development of common tools for application developers. (JP 4-01)

**common operational picture (COP):** A single identical display of relevant information shared by more than one command. A common operational picture facilitates collaborative planning and assists all echelons to achieve situational awareness. (JP 3-0)

**component:** One of the subordinate organizations that constitute a joint force. Normally a joint force is organized with a combination of Service and functional components. (JP 1)

**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. (JP 5-0)

**concept plan (CONPLAN):** In the context of joint operation planning level 3 planning detail, an operation plan in an abbreviated format that may require considerable expansion or alteration to convert it into a complete operation plan or operation order. (JP 5-0)

**configuration management:** A discipline applying technical and administrative direction and surveillance to: (1) identify and document the functional and physical characteristics of a configuration item; (2) control changes to those characteristics; and (3) record and report changes to processing and implementation status. (JP 6-0)

**consequence management (CM):** Actions taken to maintain or restore essential services and manage and mitigate problems resulting from disasters and catastrophes, including natural, man-made, or terrorist incidents. (JP 3-28)



**consequence management sets:** The Army Emergency First Responder Program (AEFRP) provide CBRN Pharmaceutical Countermeasures (CPCs) to protect and treat emergency first responders and mission critical personnel who are exposed to CBRN agents, as a result of a CBRN incident on a installation. The CM Sets consist of 4 separate medical sets which provide a deployable response capability to a Chemical-Biological-Radiological-Nuclear-High yield Explosive (CBRNE) incident. Consequence Management Sets (CM Sets) are pre-positioned at designated Regional Medical Commands (RMC) with Surgeon General having the release authority. Storage Sites in CONUS and OCONUS; see AR 40-61 for details on the management and release of this materiel (Army Supply Bulletin 8-75).

**contamination:** 1. The deposit, absorption, or adsorption of radioactive material, or of biological or chemical agents on or by structures, areas, personnel, or objects. 2. Food and/or water made unfit for consumption by humans or animals because of the presence of environmental chemicals, radioactive elements, bacteria or organisms, the byproduct of the growth of bacteria or organisms, the decomposing material (to include the food substance itself), or waste in the food or water. (JP 3-11)

**continental United States (CONUS):** United States territory, including the adjacent territorial waters, located within North America between Canada and Mexico. (JP 1-02)

**contingency:** A situation requiring military operations in response to natural disasters, terrorists, subversives, or as otherwise directed by appropriate authority to protect US interests. (JP 5-0)

**contingency operation:** A military operation that is either designated by the Secretary of Defense as a contingency operation or becomes a contingency operation as a matter of law (Title 10, United States Code, Section 101[a][13]). It is a military operation that: a. is designated by the Secretary of Defense as an operation in which members of the Armed Forces are or may become involved in military actions, operations, or hostilities against an enemy of the United States or against an opposing force; or b. is created by definition of law. Under Title 10, United States Code, Section 101 (a)(13)(B), a contingency operation exists if a military operation results in the (1) call-up to (or retention on) active duty of members of the uniformed Services under certain enumerated statutes (Title 10, United States Code, Sections 688, 12301[a], 12302, 12304, 12305, 12406, or 331-335); and (2) the call-up to (or retention on) active duty of members of the uniformed Services under other (non-enumerated) statutes during war or national emergency declared by the President or Congress. (JP 1)

**contingency plan:** A plan for major contingencies that can reasonably be anticipated in the principal geographic subareas of the command. (JP 5-0)

**Contingency Planning Guidance (CPG):** The Contingency Planning Guidance (CPG) fulfills the statutory duty of the Secretary of Defense to furnish written policy guidance annually to the Chairman of the Joint Chiefs of Staff for contingency planning. The Secretary issues this guidance with the approval of the President after consultation with the Chairman of the Joint Chiefs of Staff. The CPG focuses the guidance given in the National Security Strategy and Defense Planning Guidance, and is the principal source document for the Joint Strategic Capabilities Plan. (JP 1-02)

**contingency response element (CRE):** A provisional, deployed AMC organization established at fixed, en route, and deployed locations where AMC operational support is non-existent or insufficient. A CRE provides continuing on-site management of AMC airfield operations including C2, communications, aerial port, maintenance, security, services, weather, finance, contracting and intelligence--the critical elements needed to ensure a safe and highly efficient air base for all tanker and airlift operations. The CRE is composed of Contingency Support elements from various units and deploys in support of Special Assignment Airlift Mission (SAAM), Joint Airborne/Air Transportability Training (JA/ATT), tanker support, and contingency and emergency relief missions on both planned and "no notice" basis. Since CREs are deployed primarily to support AMC's global air mobility mission, they will normally remain under the operational control of COMAMC. (Air Force Pubs)

**contingency response group (CRG):** CRGs are designed to be first responders for opening airbases. These units will bridge the gap between the seizure forces and the follow-on combat/expeditionary combat support forces. CRGs are critical to the AF's ability to rapidly deploy U.S. military forces and initiate air operations of any type in minimal time at any base or location around the globe. CRGs may also provide C2, aerial port services, quick turn maintenance, force protection and various airbase support capabilities for AMC's Global Mobility mission. The CRG CONOPs and AFI 10-202, Contingency Response Groups, describes CRG operations. (Air Force Pubs)

**contingency response wing:** The Air Forces global reach crisis response force. Rapidly deploy tailorable, multi-role, multi-skilled, expeditionary mobility teams, organized to quickly assess and effectively open forward contingency airbases and conduct air mobility support operations anywhere in the world. Exercise command authority over the respective CRGs, Global Support Squadrons (GSS) and Air Mobility Liaison Officers (AMLO) at their Operating Locations (OL) for organization, control of resources and equipment, personnel management, logistics, training, readiness, mobilization, demobilization, discipline, and any other appropriate matters. Ensures mission-ready airfield assessment teams, airfield operations, C2, aerial port, quick-turn aircraft maintenance, weather, intelligence, air traffic control, security forces, finance, fuels, supply, and contracting personnel are available to project and sustain combat forces worldwide. (Air Force Pubs)

**contingency response team (CRT):** Performs the same functions as a Contingency Response Element, but on a smaller scale. CRTs are normally led by an enlisted 7-level member certified as a CRT chief. (Air Force Pubs)

**Contingency Support Element (CSE):** CSEs provide a specific mission support capability other than the core command and control, logistics, or aerial port services. They may be deployed as an element of a CRE or CRT, or as a small scale standalone entity. (Air Force Pubs)

**continuity of operations (COOP):** The degree or state of being continuous in the conduct of functions, tasks, or duties necessary to accomplish a military action or mission in carrying out the national military strategy. (JP 3-0)

**contracting officer representative:** A Service member or Department of the Army civilian appointed in writing by a contracting officer responsible to monitor contract performance and performs other duties specified by their appointment letter (also known as COR). (JP 4-10, ATTP 4-10)

**conventional forces (CF):** 1. Those forces capable of conducting operations using nonnuclear weapons. 2. Those forces other than designated special operations forces. (JP 3-05)

**conventional weapon:** A weapon which is neither nuclear, biological, nor chemical. (JP 1-02)

**country team (CT):** The senior, in-country, US coordinating and supervising body, headed by the chief of the US diplomatic mission, and composed of the senior member of each represented US department or agency, as desired by the chief of the US diplomatic mission. (JP 3-07.4)

**country team:** The executive committee of an embassy, headed by the Chief of Mission, and consisting of principal representatives of the government departments and agencies present (for example, the Departments of State, Defense, Treasury, Commerce, and the US Information Agency, US Agency for International Development, Drug Enforcement Agency, and Central Intelligence Agency). (FM 8-42)

**course of action (COA):** 1. Any sequence of activities that an individual or unit may follow. 2. A scheme developed to accomplish a mission. 3. A product of the course-of-action development step of the joint operation planning process. (JP 5-0)

**crisis:** An incident or situation involving a threat to a nation, its territories, citizens, military forces, possessions, or vital interests that develops rapidly and creates a condition of such diplomatic, economic, political, or military importance that commitment of military forces and resources is contemplated to achieve national objectives. (JP 3-0)

**crisis action planning (CAP):** The Adaptive Planning and Execution system process involving the time-sensitive development of joint operation plans and operation orders for the deployment, employment, and sustainment of assigned and allocated forces and resources in response to an imminent crisis. (JP 5-0)

**critical care air transport team (CCATT):** CCATTs provide specialized care, in conjunction with AE crews, to evacuate critical patients requiring advanced care during transportation. Recognized as clinical experts, these teams are medically responsible for their patients and function under the in-flight direction of the mission clinical director and aircraft director (JP 4-02)

**current force:** The actual force structure and/or manning available to meet present contingencies. (JP 5-0)

## D

**date-time group (DTG):** The date and time, expressed in digits and time zone suffix, at which the message was prepared for transmission. (Expressed as six digits followed by the time zone suffix; first pair of digits denotes the date, second pair the hours, third pair the minutes, followed by a three-letter month abbreviation and two-digit year abbreviation.) (JP 5-0)

**D-day.** The unnamed day on which a particular operation commences or is to commence. (JP 3-02)

**debarkation:** The unloading of troops, equipment, or supplies from a ship or aircraft. (JP 3-02.1)

**Defense Acquisition Board (DAB):** The Defense Acquisition Board (DAB) is the senior advisory board for defense acquisitions in the Department of Defense. The board includes the Vice Chairman of the Joint Chiefs of Staff, the Service Secretaries (Secretary of the Army, Secretary of the Navy & Secretary of the Air Force), and a number of Under Secretaries of Defense.

**Defense Acquisition University (DAU):** The DAU is a United States military training establishment that trains and enables the 147,705 military and civilian Department of Defense personnel in the fields of acquisition, technology, and logistics, including leadership, program management and bureaucratic organization.

**Defense Chemical, Biological, Radiological, and Nuclear Response Force (DCRF):** As a result of the Quadrennial Defense Review (QDR), the Secretary of Defense (SecDef) directed the Department of Defense (DOD) to restructure the original CCMRF to increase its ability to respond more rapidly to an incident in the homeland with more robust critical life saving capability to assist the Federal response in reducing the impact of a CBRN incident (USNORTHCOM CONPLAN 3500-11, CBRN RESPONSE).

**defense coordinating officer (DCO):** Department of Defense single point of contact for domestic emergencies. Assigned to a joint field office to process requirements for military support, forward mission assignments through proper channels to the appropriate military organizations, and assign military liaisons, as appropriate, to activated emergency support functions. (JP 3-28)

**defense support to civil authorities (DSCA):** Support provided by US Federal military forces, Department of Defense civilians, Department of Defense contract personnel, Department of Defense component assets, and National Guard forces (when the Secretary of Defense, in coordination with the governors of the affected states, elects and requests to use those forces in Title 32, United States Code, status) in response to requests for assistance from civil authorities for domestic emergencies, law enforcement support, and other domestic activities, or from qualifying entities for special events. (DoDD 3025.18)

**definitive care:** Care rendered to conclusively manage a patient's condition, such as full range of preventive, curative acute, convalescent, restorative, and rehabilitative medical care. (JP 4-02)

**definitive care:** (1) That care which returns an ill or injured soldier to full function, or the best possible function after a debilitating illness or injury. Definitive care can range from self-aid when a soldier applies a dressing to a grazing bullet wound that heals without further intervention, to two weeks bed-rest in theater for Dengue fever, to multiple surgeries and full rehabilitation with a prosthesis at a continental United States medical center or Department of Veterans Affairs hospital after a traumatic amputation. Doctrinally, definitive care is delivered at the lowest possible level. (2) That treatment required to return the service member to health from a state of injury or illness. The service member's disposition may range from return to duty to medical discharge from the military. It can be provided at any level depending on the extent of the service member's injury or illness. It embraces those endeavors which complete the recovery of the patient. It is not hampered by the crisis aspects of resuscitative care. (ATTP 4-02)

**definitive treatment:** The final level of comprehensive care provided to return the patient to the highest degree of mental and physical health possible. Definitive treatment is not associated with a specific role (level) or location in the continuum of care; it may occur in different roles (levels) depending upon the nature of the injury or illness. After the definitive treatment period the individual may undergo rehabilitation before being returned to duty or discharged from the military service. (ATTP 4-02)

**delegation of authority:** The action by which a commander assigns part of his or her authority commensurate with the assigned task to a subordinate commander. While ultimate responsibility cannot be relinquished, delegation of authority carries with it the imposition of a measure of responsibility. The extent of the authority delegated must be clearly stated. (JP 1-02)

**deliberate planning:** 1. The Adaptive Planning and Execution system process involving the development of joint operation plans for contingencies identified in joint strategic planning documents. 2. A planning process for the deployment and employment of apportioned forces and resources that occurs in response to a hypothetical situation. (JP 5-0)

**demobilization:** The process of transitioning a conflict or wartime military establishment and defense-based civilian economy to a peacetime configuration while maintaining national security and economic vitality. (JP 4-05)

**dental care:** There are two categories of dental care—operational care and comprehensive care. (1) *Operational care* is provided in the theater of operations and consists of two types of dental care. (a) *Emergency dental care* is given for the relief of oral pain, elimination of acute infection, control of life-threatening oral conditions (hemorrhage, cellulitis, or respiratory difficulty) and treatment of trauma to teeth, jaws, and associated facial structures. It is the most austere type of care and is available to soldiers engaged in tactical operations. Common examples of emergency treatments are simple extractions, administration of antibiotics, pain medicines, and temporary fillings. (b) *Essential dental care* includes dental treatment necessary

to intercept potential emergencies. This type of operational care is necessary for the prevention of lost duty time and preservation of the fighting strength. It is also intended to maintain the overall oral fitness of soldiers at a level consistent with combat readiness. Most dental disease is chronic and recurring. A soldier's oral health status will deteriorate from the day of deployment if essential dental care is not provided. The scope of services includes minor oral surgery, definitive restorative, exodontic, periodontal, and prosthodontic procedures as well as prophylaxis. This is the highest type of dental care provided within the theater of operations. (2) *Comprehensive care* is dental treatment to restore an individual to optimal oral health, function, and esthetics. (ATTP 4-02)

**Department of Defense components:** The Office of the Secretary of Defense, the Military Departments, the Chairman of the Joint Chiefs of Staff, the combatant commands, the Office of the Inspector General of the Department of Defense, the Department of Defense agencies, field activities, and all other organizational entities in the Department of Defense. (JP 1)

**Deployment:** 1. In naval usage, the change from a cruising approach or contact disposition to a disposition for battle. 2. The movement of forces within operational areas. 3. The positioning of forces into a formation for battle. 4. The relocation of forces and materiel to desired operational areas. Deployment encompasses all activities from origin or home station through destination, specifically including intra-continental United States, intertheater, and intratheater movement legs, staging, and holding areas. (JP 4-0)

**deployment health surveillance:** The regular or repeated collection, analysis, archiving, interpretation, and distribution of health-related data used for monitoring the health of a population or of individuals, and for intervening in a timely manner to prevent, treat, or control the occurrence of disease or injury. It includes occupational and environmental health surveillance and medical surveillance subcomponents. (JP 4-02)

**deployment order (DEPOD):** A planning directive from the Secretary of Defense, issued by the Chairman of the Joint Chiefs of Staff, that authorizes and directs the transfer of forces between combatant commands by reassignment or attachment. (JP 5-0)

**deployment planning:** Operational planning directed toward the movement of forces and sustainment resources from their original locations to a specific operational area for conducting the joint operations contemplated in a given plan. (JP 5-0)

**designated planning agent:** The commander responsible for planning, coordinating, and executing military taskings in civil emergencies for a particular branch or agency of the Department of Defense. (JP 3-28)

**detainee:** A term used to refer to any person captured or otherwise detained by an armed force. (JP 3-63)

**detainee:** Any person captured, detained, held, or otherwise under the control of DOD personnel (military, civilian, or contract employee). It does not include persons being held

primarily for law enforcement purposes, except where the United States is the occupying power. (DODD 2310.01E)

**died of wounds (received in action) (DOW):** This term describes battle casualties who die of wounds or other injuries received in action after having reached a medical treatment facility. These cases differ from battle casualties who are found dead or who die before reaching a medical treatment facility (the killed in action group). The criterion is to reach a medical treatment facility while still alive. All cases counted as DOW received in action are also counted as wounded in action. (ATTP 4-02)

**direct air support center (DASC):** The principal air control agency of the US Marine air command and control system responsible for the direction and control of air operations directly supporting the ground combat element. It processes and coordinates requests for immediate air support and coordinates air missions requiring integration with ground forces and other supporting arms. It normally collocates with the senior fire support coordination center within the ground combat element and is subordinate to the tactical air command center. (JP 1-02)

**directed energy (DE):** An umbrella term covering technologies that relate to the production of a beam of concentrated electromagnetic energy or atomic or subatomic particles. (JP 3-13.1)

**Director of Mobility Forces (DIRMOBFOR):** Normally a senior officer who is familiar with the area of responsibility or joint operations area and possesses an extensive background in air mobility operations. When established, the director of mobility forces serves as the designated agent for all air mobility issues in the area of responsibility or joint operations area, and for other duties as directed. The director of mobility forces exercises coordinating authority between the air operations center (or appropriate theater command and control node), the tanker airlift control center, the air mobility operations control center (when established and when supporting subordinate command objectives), and the joint movement center, in order to expedite the resolution of air mobility issues. The director of mobility forces may be sourced from the theater's organizations or US Transportation Command. Additionally, the director of mobility forces, when designated, will ensure the effective integration of intertheater and intratheater air mobility operations, and facilitate the conduct of intratheater air mobility operations. (JP 3-17)

**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)

**direct support (DS):** A mission requiring a force to support another specific force and authorizing it to answer directly to the supported force's request for assistance. (JP 3-09.3)

**direct support (DS):** A support relationship requiring a force to support another specific force and authorizing it to answer directly to the supported force's request for assistance. (ADRP 5-0)

**directive authority for logistics:** The Geographical Combatant Commander authority to issue directives for logistics operations to subordinate commanders to ensure effective execution of approved operation plans, effectiveness and economy of the operation, and to prevent or eliminate unnecessary facility duplication and overlapping functions. (FM 4-0, ADRP 4-0)

**disease and nonbattle injury (DNBI):** All illnesses and injuries not resulting from enemy or terrorist action or caused by conflict. (JP 4-02)

**dispersion:** A planning factor used in JMAT. Dispersion is used to account for two factors. First, all the beds needed won't necessarily be in the right place at the right time. Second, medical facilities may have to move from time to time to adjust to the tactical situation. When a hospital moves, patient care is postponed while the hospital tears down, packs up, moves, then sets up for operations once again. Any patients that were in, or destined for, that hospital must be relocated to another facility during the move. These factors add up to a need to have more beds than there are wounded, sick or injured people at a given time. The dispersion factor is simply an estimate of the percent of the final number of beds that will be needed to cover the difference. (Medical Planning and Programming Unique)

**displaced person:** A broad term used to refer to internally and externally displaced persons collectively. (JP 3-29)

**distressed person:** An individual who requires search and rescue assistance to remove he or she from life-threatening or isolating circumstances in a permissive environment. (JP 3-50)

**distribution management:** The function of synchronizing and coordinating complex networks (physical, communications, information, and resources) and the sustainment functions (logistics, personnel services, and HSS) to achieve responsive support to operational requirements. (FM 4-0, ADRP 4-0)

**doctrine:** Fundamental principles by which the military forces or elements thereof guide their actions in support of national objectives. It is authoritative but requires judgment in application. (JP 1-02)

**domain engagement strategies (DES):** Domain Engagement Strategies (DESSs), created to consolidate detailed country specific capability development roadmaps and timelines into one area. These DESSs will identify future global trends, discuss potential methods for mitigating adverse trends, and provide a comprehensive listing of available programs/activities for component planner consideration in determining how to meet country specific SC objectives. (Air Force Pub, US Air Force Global Partnership Strategy)

**dwell time:** The period of time between the release from involuntary active and the reporting date for a subsequent tour of active duty pursuant to Title 10, United States Code, Section 12302. Such time includes any voluntary active duty performed between two periods of involuntary active duty pursuant to Title 10, United States Code, Section 12302. (DODD 1235.10)



## E

**earliest arrival date (EAD):** A day, relative to C-day, that is specified by a planner as the earliest date when a unit, a resupply shipment, or replacement personnel can be accepted at a port of debarkation during a deployment. (JP 5-0)

**echelon:** 1. A subdivision of a headquarters, i.e., forward echelon, rear echelon. 2. Separate level of command. As compared to a regiment, a division is a higher echelon, a battalion is a lower echelon. 3. A fraction of a command in the direction of depth to which a principal combat mission is assigned; i.e., attack echelon, support echelon, reserve echelon. 4. A formation in which its subdivisions are placed one behind another, with a lateral and even spacing to the same side. (JP 1-02)

**E-day:** The day landing force personnel, supplies and equipment begin to be embarked aboard amphibious or commercial ships. (JP 1-02)

**embarkation:** The process of putting personnel and/or vehicles and their associated stores and equipment into ships and/or aircraft. (JP 3-02.1)

**emergency medical treatment (EMT):** The immediate application of medical procedures to the wounded, injured, or sick by specially trained medical personnel. (ATTP 4-02)

**emergency operations center (EOC):** The physical location at which the coordination of information and resources to support domestic incident management activities normally takes place. An emergency operations center may be a temporary facility or may be located in a more central or permanently established facility, perhaps at a higher level of organization within a jurisdiction. Emergency operations centers may be organized by major functional disciplines (e.g., fire, law enforcement, and medical services), by jurisdiction (e.g., Federal, state, regional, county, city, tribal), or by some combination thereof. (JP 3-41)

**emergency preparedness (EP):** Measures taken in advance of an emergency to reduce the loss of life and property and to protect a nation's institutions from all types of hazards through a comprehensive emergency management program of preparedness, mitigation, response, and recovery. (JP 3-28)

**emergency preparedness liaison officer (EPLO):** A senior reserve officer who represents their Service at the appropriate joint field office conducting planning and coordination responsibilities in support of civil authorities. (JP 3-28)

**employment:** The strategic, operational, or tactical use of forces. (JP 5-0)

**enabling force:** Early deploying forces that establish critical capabilities to facilitate deployment and initial employment (including sustainment) of a force. (JP 4-08)

**end item:** A final combination of end products, component parts, and/or materials that is ready for its intended use. (JP 4-02)

**en route care:** Continuation of the provision of care during movement (evacuation) between the health service support capabilities in the roles of care, without clinically compromising the patient's condition. (JP 4-02)

**essential care:** Medical treatment provided to manage the casualty throughout the roles of care, which includes all care and treatment to either return the patient to duty (within the theater evacuation policy), or begin initial treatment required for optimization of outcome, and/or stabilization to ensure the patient can tolerate evacuation. (JP 4-02)

**essential care:** Medical care and treatment within the theater of operations and which METT-T dependent. Includes first responder care, initial resuscitation and stabilization as well as treatment and hospitalization. Forward care may include stabilizing surgery to ensure the patient can tolerate further evacuation as well as en route care during evacuation. The objective is to either return the patient to duty within the theater evacuation policy, or to begin initial treatment required for optimization of outcome. (ATTP 4-02)

**essential care in theater:** (1) That care which is required to return soldiers to duty within the theater evacuation policy or to enable evacuation from the theater as a stable or stabilized patient. In an immature theater, evacuation of all categories of patients (stable, unstable, stabilized) out of theater may be required to keep adequate bed capacity available, even though the patients could have been returned to duty within the theater evacuation policy. (2) That care received within the theater of operations which is mission, enemy, terrain, troops, time available, and civilian considerations dependent. It includes first responder care, forward resuscitative surgery, and en route care as well as treatment and hospitalization to return the patient to duty or to stabilize for movement to the next higher level. (3) Medical treatment and care provided within the theater of operations. This includes resuscitative care and en route care, as well as care to either return the patient to duty (within the theater evacuation policy) or begin initial treatment required for optimization of outcome and/or ensure the patient can tolerate evacuation to the next level of care. (ATTP 4-02)

**essential elements of friendly information (EEFI):** Key questions likely to be asked by adversary officials and intelligence systems about specific friendly intentions, capabilities, and activities, so they can obtain answers critical to their operational effectiveness. (JP 2-01)

**essential element of friendly information:** A critical aspect of a friendly operation that, if known by the enemy, would subsequently compromise, lead to failure, or limit success of the operation and therefore should be protected from enemy detection. (ADRP 5-0)

**evacuation:** 1. Removal of a patient by any of a variety of transport means from a theater of military operation, or between health service support capabilities, for the purpose of preventing further illness or injury, providing additional care, or providing disposition of patients from the military health care system. (JP 4-02) 2. The clearance of personnel, animals, or materiel from a given locality. (JP 3-68) 3. The controlled process of collecting, classifying, and shipping unserviceable or abandoned materiel, US or foreign, to appropriate reclamation, maintenance, technical intelligence, or disposal facilities. (JP 4-09) 4. The ordered or authorized departure of

noncombatants from a specific area by Department of State, Department of Defense, or appropriate military commander. This refers to the movement from one area to another in the same or different countries. The evacuation is caused by unusual or emergency circumstances and applies equally to command or non-command sponsored family members. (JP 3-68)

**evacuation delay:** Represents the number of days after admission that a patient who has been identified for evacuation must wait before actually being evacuated. Both patient stabilization requirements and evacuation transportation availability are taken into account. (ATTP 4-02)

**evacuation precedence:** These precedences are somewhat different depending upon the parent Service. The US Air Force precedences are Urgent, Priority, and Routine. The US Army precedences are URGENT, URGENT-SURG, PRIORITY, ROUTINE, and CONVENIENCE. (FM 4-02.2)

**evacuee:** A civilian removed from a place of residence by military direction for reasons of personal security or the requirements of the military situation. (JP 3-57)

**execute order (EXORD):** 1. An order issued by the Chairman of the Joint Chiefs of Staff, at the direction of the Secretary of Defense, to implement a decision by the President to initiate military operations. 2. An order to initiate military operations as directed. (JP 5-0)

**execution planning (EP):** The Adaptive Planning and Execution system translation of an approved course of action into an executable plan of action through the preparation of a complete operation plan or operation order. (JP 5-0)

**executive agent (EA):** A term used to indicate a delegation of authority by the Secretary of Defense to a subordinate to act on the Secretary's behalf. Designation as executive agent, in and of itself, confers no authority. The exact nature and scope of the authority delegated must be stated in the document designating the executive agent. An executive agent may be limited to providing only administration and support or coordinating common functions; or it may be delegated authority, direction, and control over specified resources for specified purposes. (JP 1)

**expendable supplies:** Supplies that are consumed in use, such as ammunition, paint, fuel, cleaning and preserving materials, surgical dressings, drugs, medicines, etc., or that lose their identity, such as spare parts, etc, and may be dropped from stock record accounts when it is issued or used. (JP 4-02)

**exposure dose:** The exposure dose at a given point is a measurement of radiation in relation to its ability to produce ionization. The unit of measurement of the exposure dose is the roentgen. (JP 1-02)

## F

**feasibility:** The joint operation plan review criterion for assessing whether the assigned mission can be accomplished using available resources within the time contemplated by the plan. (JP 5-0)

**federal coordinating officer (FCO):** The federal officer who is appointed to manage Federal resource support activities related to Stafford Act disasters and emergencies. The federal coordinating officer is responsible for coordinating the timely delivery of federal disaster assistance resources and programs to the affected state and local governments, individual victims, and the private sector. (JP 1-02)

**FFZZZ:** Non-standard medical AF UTC used to denote someone not tasked to a standard UTC or by the normal manner but may be available for individual taskings. Needs to be trained before coming into their vulnerability period for deployment. (Air Force Specific)

**F-hour:** The effective time of announcement by the Secretary of Defense to the Military Departments of a decision to mobilize Reserve units. (JP 1-02)

**field maintenance:** Maintenance characterized by the replacement or repair of components on or near the system and returning the system to the user. (ATTP 4-33)

**first aid (self-aid/buddy aid):** Each individual Soldier is trained in a variety of specific first-aid procedures. These procedures include aid for chemical casualties with particular emphasis on lifesaving tasks. This training enables the Soldier or a buddy to apply first aid to alleviate potential life-threatening situations. (ATTP 4-02)

**first responder:** First responder capability can be usefully divided into the three phases of tactical combat casualty care. Tactical combat casualty care occurs during a combat mission and is the military counterpart to pre-hospital trauma life support. Pre-hospital trauma care in the military is most commonly provided by enlisted personnel and includes self and buddy aid, combat lifesavers and enlisted combat medics in the Army, corpsmen in the US Navy, US Marine Corps, and US Coast Guard, and both medics and pararescuemen in the US Air Force. Tactical combat casualty care focuses on the most likely threats, injuries, and conditions encountered in combat, and on a strictly limited range of interventions directed at the most serious of these threats and conditions. (ATTP 4-02)

**first responder:** A primary health care provider who provides immediate clinical care and stabilization in preparation for evacuation to the next health service support capability in the roles of care, and treats Service members for common acute minor illnesses. (JP 4-02)

**first responder care:** The health care capability that provides immediate clinical care and stabilization to the patient in preparation for evacuation to the next health service support capability in the continuum of care. (JP 4-02)

**first responder care:** First responder care is defined by the time requirements for effective lifesaving interventions at/near point of injury or wounding. This treatment phase provides

prompt clinical care & patient stabilization to preparation for evacuation to next level in continuum of care and/or return to duty. This capability can provide outpatient services, emergent care services, medical subspecialty services, and ancillary services. (ATTP 4-02)

**flash burn:** A burn caused by excessive exposure (of bare skin) to thermal radiation. (JP 1-02)

**Fleet Marine Force (FMF):** A balanced force of combined arms comprising land, air, and service elements of the United States Marine Corps, which is an integral part of a United States fleet and has the status of a type command. (JP 4-02)

**footprint:** The amount of personnel, spares, resources, and capabilities physically present and occupying space at a deployed location. (JP 1-02)

**force beddown:** The provision of expedient facilities for troop support to provide a platform for the projection of force. (JP 3-34)

**force closure:** The point in time when a supported joint force commander determines that sufficient personnel and equipment resources are in the assigned operational area to carry out assigned tasks. (JP 3-35)

**force health protection (FHP):** Measures to promote, improve, or conserve the behavioral and physical well-being of Service members to enable a healthy and fit force, prevent injury and illness, and protect the force from health hazards. (JP 4-02)

**force health protection:** Force health protection encompasses measures to promote, improve, conserve or restore the mental or physical well-being of Soldiers. These measures enable a healthy and fit force, prevent injury and illness, and protect the force from health hazards. These measures also include the prevention aspects of a number of Army Medical Department functions (preventive medicine, including medical surveillance and occupational and environmental health surveillance; veterinary services, including the food inspection and animal care missions, and the prevention of zoonotic disease transmissible to man; combat and operational stress control; dental services [preventive dentistry]; and laboratory services [area medical laboratory support]). (ATTP 4-02).

**force module:** A grouping of combat, combat support, and combat service support forces, with their accompanying supplies and the required non-unit resupply and personnel necessary to sustain forces for a minimum of 30 days. The elements of force modules are linked together or are uniquely identified so that they may be extracted from or adjusted as an entity in the Joint Operation Planning and Execution System databases to enhance flexibility and usefulness of the operation plan during a crisis. (JP 1-02)

**force planning:** 1. Planning associated with the creation and maintenance of military capabilities by the Military Departments, Services, and US Special Operations Command. 2. In the Joint Operation Planning and Execution System, the planning conducted by the supported combatant command and its components to determine required force capabilities to accomplish an assigned mission. (JP 5-0)

**force sequencing:** The phased introduction of forces into and out of the operational area. (JP 3-68)

**force sourcing:** The identification of the actual units, their origins, ports of embarkation, and movement characteristics to satisfy the time-phased force requirements of a supported commander. (JP 5-0)

**force tracking:** The process of gathering and maintaining information on the location, status, and predicted movement of each element of a unit including the unit's command element, personnel, and unit-related supplies and equipment while in transit to the specified operational area. (JP 3-35)

**force visibility:** The current and accurate status of forces; their current mission; future missions; location; mission priority; and readiness status. Force visibility provides information on the location, operational tempo, assets, and sustainment requirements of a force as part of an overall capability for a combatant commander. (JP 3-35)

**foreign assistance:** Assistance to foreign nations ranging from the sale of military equipment to donations of food and medical supplies to aid survivors of natural and man-made disasters. US foreign assistance takes three forms: development assistance, humanitarian assistance, and security assistance. (JP 3-29)

**foreign disaster relief:** Prompt aid that can be used to alleviate the suffering of foreign disaster victims. Normally it includes humanitarian services and transportation; the provision of food, clothing, medicine, beds, and bedding; temporary shelter and housing; the furnishing of medical materiel and medical and technical personnel; and making repairs to essential services. (JP 3-29)

**foreign humanitarian assistance (FHA):** Department of Defense activities, normally in support of the United States Agency for International Development or Department of State, conducted outside the United States, its territories, and possessions to relieve or reduce human suffering, disease, hunger, or privation. (JP 3-29)

**foreign national:** Any person other than a US citizen, US permanent or temporary legal resident alien, or person in US custody. (JP 1-0)

**forward area:** An area in proximity to combat. (JP 4-02)

**forward operating base (FOB):** An airfield used to support tactical operations without establishing full support facilities. The base may be used for an extended time period. Support by a main operating base will be required to provide backup support for a forward operating base. (JP 3-09.3)

**forward operations base (FOB):** In special operations, a base usually located in friendly territory or afloat that is established to extend command and control or communications or to provide support for training and tactical operations. Facilities may be established for temporary

or longer duration operations and may include an airfield or an unimproved airstrip, an anchorage, or a pier. A forward operations base may be the location of special operations component headquarters or a smaller unit that is controlled and/or supported by a main operations base. (JP 3-05.1)

**forward operating site (FOS):** A scaleable location outside the United States and US territories intended for rotational use by operating forces. Such expandable “warm facilities” may be maintained with a limited US military support presence and possibly pre-positioned equipment. Forward operating sites support rotational rather than permanently stationed forces and are a focus for bilateral and regional training. (CJCS CM-0007-05)

**forward resuscitative care (FRC):** Care provided as close to the point of injury as possible based on current operational requirements to attain stabilization and achieve the most efficient use of life-and-limb saving medical treatment, provide essential care so the patient can tolerate evacuation, which is known as Role 2 care in the North Atlantic Treaty Organization doctrine. (JP 4-02)

**forward resuscitative care:** Forward resuscitative care capability is characterized by the capacity to perform emergency medical treatment as close to the point of injury as possible, to attain stabilization of the patient, and to achieve the most efficient use of life-and limb-saving medical treatment. The forward resuscitative care capability typically provides essential care for stabilization to ensure the patient can tolerate evacuation. This capability covers advanced emergency services, post-surgical inpatient services, surgical subspecialty services, and ancillary services. (ATTP 4-02)

**forward resuscitative surgery:** The forward resuscitative surgery phase is the urgent initial surgery required to render a patient transportable for further evacuation to a medical treatment facility staffed and equipped to provide for his care. Forward resuscitative surgery is performed on patients with signs and symptoms of initial airway compromise, difficult breathing, and circulatory shock and who do not respond to initial emergency medical treatment and advanced trauma management procedures. (ATTP 4-02)

**forward surgical team:** Is the first medical element capable of performing surgery on life-threatening wounds. The forward surgical team is employed in direct support of maneuver units. It is collocated with divisional medical companies and is organic to airborne, air assault, and armored cavalry divisions/regiment. (ATTP 4-02.5)

**fragmentary order (FRAGORD):** An abbreviated form of an operation order issued as needed after an operation order to change or modify that order or to execute a branch or sequel to that order. (JP 5-0)

**functional area manager (FAM):** Manages the UTC process as well as the sourcing and posturing for a functional area. (Air Force Specific)

**functional component command:** A command normally, but not necessarily, composed of forces of two or more Military Departments which may be established across the range of

military operations to perform particular operational missions that may be of short duration or may extend over a period of time. (JP 1)



## G

**general support:** 1. That support which is given to the supported force as a whole and not to any particular subdivision thereof. 2. A tactical artillery mission. (JP 3-09.3)

**general support-reinforcing:** General support-reinforcing artillery has the mission of supporting the force as a whole and of providing reinforcing fires for other artillery units. (JP 1-02)

**general support-reinforcing:** A support relationship assigned to a unit to support the force as a whole and to reinforce another similar-type unit. (ADRP 5-0)

**generating force:** Consists of those Army organizations whose primary mission is to generate and sustain the operational Army's capabilities for employment by joint force commanders. (FM 3-0)

**Global Combat Support System-Joint (GCSS-J):** The primary information technology application used to provide automation support to the joint logistician. (JP 4-0)

**Global Command and Control System (GCCS):** A deployable command and control system supporting forces for joint and multinational operations across the range of military operations with compatible, interoperable, and integrated communications systems. (JP 6-0)

**Global Patient Movement Requirements Center (GPMRC):** A joint activity reporting directly to the Commander, United States Transportation Command, which provides medical regulating and aeromedical evacuation scheduling for the continental United States and intertheater operations, provides support to the theater patient movement requirements centers, and coordinates with supporting resource providers to identify available assets and communicates transport to bed plans to the appropriate transportation agency for execution. (JP 4-02)

## H

**hazard:** A condition with the potential to cause injury, illness, or death of personnel; damage to or loss of equipment or property; or mission degradation. (JP 3-33)

**health care provider:** Any member of the Armed Forces, civilian employee of the Department of Defense, or personal services contract employee under Title 10 United States Code Section 1091 authorized by the Department of Defense to perform health care functions. (JP 4-02)

**health service support (HSS):** All services performed, provided, or arranged to promote, improve, conserve, or restore the mental or physical well-being of personnel, which 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 and operational stress control; and medical, dental, veterinary, laboratory, optometric, nutrition therapy, and medical intelligence services. (JP 4-02)

**health surveillance:** The regular or repeated collection, analysis, and interpretation of health-related data and the dissemination of information to monitor the health of a population and to identify potential health risks, thereby enabling timely interventions to prevent, treat, reduce, or control disease and injury which includes occupational and environmental health surveillance and medical surveillance subcomponents. (JP 4-02)

**health threat:** A composite of ongoing or potential enemy actions; adverse environmental, occupational, and geographic and meteorological conditions; endemic diseases; and employment of nuclear, biological, and chemical weapons (to include weapons of mass destruction) that have the potential to affect the short- or long-term health (including psychological impact) of personnel. (JP 4-02)

**H-hour:** The specific hour on D-day at which a particular operation commences. (JP 5-0)

**H-hour (amphibious operations):** For amphibious operations, the time the first assault elements are scheduled to touch down on the beach, or a landing zone, and in some cases the commencement of countermine breaching operations. (JP 3-02)

**homeland:** The physical region that includes the continental United States, Alaska, Hawaii, United States possessions and territories, and surrounding territorial waters and airspace. (JP 3-28)

**homeland defense (HD):** The protection of United States sovereignty, territory, domestic population, and critical defense infrastructure against external threats and aggression or other threats as directed by the President. (JP 3-27)

**homeland security (HS):** A concerted national effort to prevent terrorist attacks within the United States; reduce America's vulnerability to terrorism, major disasters, and other

emergencies; and minimize the damage and recover from attacks, major disasters, and other emergencies that occur. (JP 3-28)

**hostile casualty:** A person who is the victim of a terrorist activity or who becomes a casualty “in action.” “In action” characterizes the casualty as having been the direct result of hostile action, sustained in combat or relating thereto, or sustained going to or returning from a combat mission provided that the occurrence was directly related to hostile action. Included are persons killed or wounded mistakenly or accidentally by friendly fire directed at a hostile force or what is thought to be a hostile force. However, not to be considered as sustained in action and not to be interpreted as hostile casualties are injuries or death due to the elements, self-inflicted wounds, combat fatigue, and except in unusual cases, wounds or death inflicted by a friendly force while the individual is in an absent-without-leave, deserter, or dropped-from-rolls status or is voluntarily absent from a place of duty. (JP 1-02)

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

**host-nation support (HNS):** Civil and/or military assistance rendered by a nation to foreign forces within its territory during peacetime, crises or emergencies, or war based on agreements mutually concluded between nations. (JP 4-0)

**humanitarian and civic assistance (HCA)**<sup>17</sup>: Assistance to the local populace provided by predominantly US 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. (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 US 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 3-57)

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<sup>17</sup> An obsolete term for the Army

## I

**implementation (IMP):** Procedures governing the mobilization of the force and the deployment, employment, and sustainment of military operations in response to execution orders issued by the Secretary of Defense. (JP 5-0)

**implied task:** In the context of joint operation planning, a task derived during mission analysis that an organization must perform or prepare to perform to accomplish a specified task or the mission, but which is not stated in the higher headquarters order. (JP 5-0)

**inactive status:** Status of reserve members on an inactive status list of a Reserve Component or assigned to the Inactive Army National Guard. Those in an inactive status may not train for points or pay, and may not be considered for promotion. (JP 1-02)

**individual augmentee:** Any Sailor in receipt of individual deployment orders from PERS-4, to include Individual Augmentee Manpower Management (IAMM), Global War on Terrorism Support Assignments (GSA), Mobilized Reserve Component (RC) personnel not mobilized as part of an established commissioned RC unit, or a Health Services Augmentation program (HSAP) personnel. (NAVADMIN 099/09)

**individual initiative:** The willingness to act in the absence of orders, when existing orders no longer fit the situation, or when unforeseen opportunities or threats arise. (ADRP 3-0)

**Individual Ready Reserve (IRR):** A manpower pool consisting of individuals who have had some training or who have served previously in the Active Component or in the Selected Reserve, and may have some period of their military service obligation remaining. Members may voluntarily participate in training for retirement points and promotion with or without pay. (JP 4-05)

**information security (INFOSEC):** The protection of information and information systems against unauthorized access or modification of information, whether in storage, processing, or transit, and against denial of service to authorized users. (JP 3-13)

**infrastructure:** All building and permanent installations necessary for the support, redeployment, and military forces operations (e.g., barracks, headquarters, airfields, communications, facilities, stores, port installations, and maintenance stations). See also **common infrastructure**. (JP 3-35)

**information protection:** Those active or passive measures used to safeguard and defend friendly information and information systems. (ADRP 6-0)

**Initial Capabilities Document (ICD):** The ICD identifies a capability gap or other deficiency in terms of the functional area, the relevant range of military operations, and the timeframe.

**initial operational capability (IOC):** The first attainment of the capability to employ effectively a weapon, item of equipment, or system of approved specific characteristics that is manned or operated by an adequately trained, equipped, and supported military unit or force. (JP 1-02)

**initial surgery:** Initial surgery renders the casualty *transportable* via rapid evacuation to a hospital for reparative surgery. The initial surgery effort at the forward element (forward surgical team), by definition, is not complete, but rather the initial effort required to save life and limb, prevent infection, and render the casualty transportable. (ATTP 4-02)

**injury:** 1. A term comprising such conditions as fractures, wounds, sprains, strains, dislocations, concussions, and compressions. 2. Conditions resulting from extremes of temperature or prolonged exposure. 3. Acute poisonings (except those due to contaminated food) resulting from exposure to a toxic or poisonous substance. (JP 4-02)

**inpatient:** Is the term applied to a person admitted to and treated within an Levels III through V hospital and who cannot be returned to duty within the same calendar day. (ATTP 4-02)

**Integrated Priority List (IPL):** The IPL is a list of a combatant commander's highest priority requirements, prioritized across Service and functional lines, defining shortfalls in key programs that, in the judgment of the combatant commander, adversely affect the capability of the combatant commander's forces to accomplish their assigned mission. (JP 1-04)

**interagency operations:** Any action that combines the human and material resources of two or more independent organizations, whether they are governmental, international, or private, in the prosecution of a common objective. (FM 8-42)

**intergovernmental organization (IGO):** An organization created by a formal agreement between two or more governments on a global, regional, or functional basis to protect and promote national interests shared by member states. (JP 3-08)

**intermediate staging base (ISB):** A tailorable, temporary location used for staging forces, sustainment and/or extraction into and out of an operational area. (JP 3-35)

**internally displaced person:** Any person who has been forced or obliged to flee or to leave their home or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized state border. (JP 3-29)

**interoperability:** 1. The ability to operate in synergy in the execution of assigned tasks. (JP 3-0) 2. The condition achieved among communications-electronics systems or items of communications-electronics equipment when information or services can be exchanged directly and satisfactorily between them and/or their users. The degree of interoperability should be defined when referring to specific cases. (JP 6-0)

**inter-Service, intragovernmental agreements:** Formal long-term or operational specific support agreements between Services, Department of Defense (DOD), and/or non- DOD agencies governed by DOD Instruction 4000.19, *Interservice and Intragovernmental Support*. These agreements, normally developed at the Service Secretariat and governmental agency director level, document funding and reimbursement procedures as well as standards of support between the supplying and receiving Service or agencies. Inter-Service, intragovernmental agreements, while binding Service level agreements, do not connote DOD-level executive agent responsibilities. (JP 4-07)

**inter-Service support:** Action by one Military Service or element thereof to provide logistic and/or administrative support to another Military Service or element thereof. Such action can be recurring or nonrecurring in character on an installation, area, or worldwide basis. (JP 4-0)

**intertheater:** Between theaters or between the continental United States and theaters. (JP 3-17)

**intertheater airlift:** The common-user airlift linking theaters to the continental United States and to other theaters as well as the airlift within the continental United States. The majority of these air mobility assets is assigned to the Commander, United States Transportation Command. Because of the intertheater ranges usually involved, intertheater airlift is normally conducted by the heavy, longer range, intercontinental airlift assets but may be augmented with shorter range aircraft when required. Formerly referred to as “strategic airlift.” (JP 3-17)

**intertheater patient movement:** Moving patients between, into, and out of the different theaters of the geographic combatant commands and into the continental United States or another supporting theater. (JP 4-02)

**in-transit visibility (ITV):** The ability to track the identity, status, and location of Department of Defense units, and non-unit cargo (excluding bulk petroleum, oils, and lubricants) and passengers; patients; and personal property from origin to consignee or destination across the range of military operations. (JP 4-01.2)

**intratheater:** Within a theater. (JP 3-17)

**intratheater airlift:** Airlift conducted within a theater. Assets assigned to a geographic combatant commander or attached to a subordinate joint force commander normally conduct intratheater airlift operations. Intratheater airlift provides air movement and delivery of personnel and equipment directly into objective areas through air landing, airdrop, extraction, or other delivery techniques as well as the air logistic support of all theater forces, including those engaged in combat operations, to meet specific theater objectives and requirements. During large-scale operations, US Transportation Command assets may be tasked to augment intratheater airlift operations, and may be temporarily attached to a joint force commander. Formerly referred to as theater airlift. (JP 3-17)

**intratheater patient movement:** Moving patients within the theater of a combatant command or in the continental United States. (JP 4-02)

**irregular warfare (IW):** A violent struggle among state and non-state actors for legitimacy and influence over the relevant population(s). Irregular warfare favors indirect and asymmetric approaches, though it may employ the full range of military and other capacities, in order to erode an adversary's power, influence, and will. (JP 1)

## J

**joint after action report (JAAR):** A report consisting of summary joint universal lessons learned. It describes a real world operation or training exercise and identifies significant lessons learned. (JP 1-02)

**Joint Capabilities Board (JCB):** The JCB functions to assist the Joint Requirements Oversight Council (JROC) in carrying out its duties and responsibilities.

**Joint Capabilities Document (JCD):** The JCD identifies a set of capabilities that support a defined mission area utilizing associated Joint Operations Concepts (JOpsC), concept of operations (CONOPs), or Unified Command Plan or other assigned missions. The capabilities are identified by analyzing what is required across all functional areas to accomplish the mission.

**joint doctrine:** Fundamental principles that guide the employment of United States military forces in coordinated action toward a common objective and may include terms, tactics, techniques, and procedures. (CJCSI 5120.02)

**joint expeditionary taskings (JET):** Taskings that comprise non-standard force sourcing solutions. These requirements are atypical of traditional AF missions but are tasked to an AF unit. Usually “outside the wire” (OTW) taskings. (Air Force Specific)

**joint force:** A general term applied to a force composed of significant elements, assigned or attached, of two or more Military Departments operating under a single joint force commander. (JP 3-0)

**joint force commander (JFC):** A general term applied to a combatant commander, subunified commander, or joint task force commander authorized to exercise combatant command (command authority) or operational control over a joint force. (JP 1)

**joint force land component commander (JFLCC):** The commander within a unified command, subordinate unified command, or joint task force responsible to the establishing commander for recommending the proper employment of assigned, attached, and/or made available for tasking land forces; planning and coordinating land operations; or accomplishing such operational missions as may be assigned. (JP 3-0)

**joint force maritime component commander (JFMCC):** The commander within a unified command, subordinate unified command, or joint task force responsible to the establishing commander for recommending the proper employment of assigned, attached, and/or made available for tasking maritime forces and assets; planning and coordinating maritime operations; or accomplishing such operational missions as may be assigned. (JP 3-0)

**joint force surgeon (JFS):** A general term applied to a Department of Defense medical department officer appointed by the joint force commander to serve as the joint force special staff officer responsible for establishing, monitoring, or evaluating joint force health service support. (JP 4-02)



**joint functions:** Related capabilities and activities placed into six basic groups of command and control, intelligence, fires, movement and maneuver, protection, and sustainment to help joint force commanders synchronize, integrate, and direct joint operations. (JP 3-0)

**joint manning document:** Ensures adequate manning levels with a proper mix of military and civilian personnel with the correct skills to ensure mission success. (JP 1-0)

**joint mission-essential task (JMET):** A mission task selected by a joint force commander deemed essential to mission accomplishment and defined using the common language of the universal joint task list in terms of task, condition, and standard. (JP 1-02)

**joint operation planning:** Planning activities associated with joint military operations by combatant commanders and their subordinate joint force commanders in response to contingencies and crises. (JP 5-0)

**Joint Operation Planning and Execution System (JOPES):** An Adaptive Planning and Execution system technology. (JP 5-0)

**joint operation planning process (JOPP):** An orderly, analytical process that consists of a logical set of steps to analyze a mission, select the best course of action, and produce a joint operation plan or order. (JP 5-0)

**joint operations:** A general term to describe military actions conducted by joint forces and those Service forces employed in specified command relationships with each other, which of themselves, do not establish joint forces. (JP 3-0)

**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 3-0)

**joint operations center (JOC):** A jointly manned facility of a joint force commander's headquarters established for planning, monitoring, and guiding the execution of the commander's decisions. (JP 1-02)

**joint patient movement requirements center (JPMRC):** A joint activity established to coordinate the joint patient movement requirements function for a joint task force operating within a unified command area of responsibility. (JP 4-02)

**joint patient movement team (JPMT):** Teams comprised of personnel trained in medical regulating and movement procedures. (JP 4-02)

**joint planning and execution community (JPEC):** Those headquarters, commands, and agencies involved in the training, preparation, mobilization, deployment, employment, support,

sustainment, redeployment, and demobilization of military forces assigned or committed to a joint operation. (JP 5-0)

**joint planning group (JPG):** A planning organization consisting of designated representatives of the joint force headquarters principal and special staff sections, joint force components (Service and/or functional), and other supporting organizations or agencies as deemed necessary by the joint force commander. (JP 5-0)

**joint reception, staging, onward movement, and integration (JRSOI):** A phase of joint force projection occurring in the operational area. This phase comprises the essential processes required to transition arriving personnel, equipment, and materiel into forces capable of meeting operational requirements. (JP 3-35)

**Joint Requirements Oversight Council (JROC):** The JROC reviews programs designated as JROC interest and supports the acquisition review process. The JROC accomplishes this by reviewing and validating all Joint Capabilities Integration and Development System documents for Acquisition Category I and IA programs, and other programs designated as high-interest.

**joint staff (JS):** 1. The staff of a commander of a unified or specified command, subordinate unified command, joint task force, or subordinate functional component (when a functional component command will employ forces from more than one Military Department), that includes members from the several Services comprising the force. These members should be assigned in such a manner as to ensure that the commander understands the tactics, techniques, capabilities, needs, and limitations of the component parts of the force. Positions on the staff should be divided so that Service representation and influence generally reflect the Service composition of the force. 2. (capitalized as Joint Staff) The staff under the Chairman of the Joint Chiefs of Staff as provided for in Title 10, United States Code, Section 155. The Joint Staff assists the Chairman of the Joint Chiefs of Staff and, subject to the authority, direction, and control of the Chairman of the Joint Chiefs of Staff and the other members of the Joint Chiefs of Staff in carrying out their responsibilities. (JP 1)

**Joint Strategic Capabilities Plan (JSCP):** The Joint Strategic Capabilities Plan provides guidance to the combatant commanders and the Joint Chiefs of Staff to accomplish tasks and missions based on current military capabilities. (JP 5-0)

**Joint Strategic Planning System (JSPS):** One of the primary means by which the Chairman of the Joint Chiefs of Staff, in consultation with the other members of the Joint Chiefs of Staff and the combatant commanders, carries out the statutory responsibilities to assist the President and Secretary of Defense in providing strategic direction to the Armed Forces; prepares strategic plans; prepares and reviews joint operation plans; advises the President and Secretary of Defense on requirements, programs, and budgets; and provides net assessment on the capabilities of the Armed Forces of the United States and its allies as compared with those of their potential adversaries. (JP 5-0)

**joint task force (JTF):** A joint force that is constituted and so designated by the Secretary of Defense, a combatant commander, a sub-unified commander, or an existing joint task force commander. (JP 1)

**joint total asset visibility (JTAV):** The capability designed to consolidate source data from a variety of joint and Service automated information systems to provide joint force commanders with visibility over assets in-storage, in-process, and in-transit. (JP 3-35)

## **K**

**killed in action (KIA):** A casualty category applicable to a hostile casualty, other than the victim of a terrorist activity, who is killed outright or who dies as a result of wounds or other injuries before reaching a medical treatment facility. (ATTP 4-02)

## L

**latest arrival date (LAD):** A day, relative to C-Day, that is specified by the supported combatant commander as the latest date when a unit, a resupply shipment, or replacement personnel can arrive at the port of debarkation and support the concept of operations. (JP 5-0)

**lead agent (LA):** 1. An individual Service, combatant command, or Joint Staff directorate assigned to develop and maintain a joint publication. (CJCSI 5120.02) 2. In medical materiel management, the designated unit or organization to coordinate or execute day-to-day conduct of an ongoing operation or function. (JP 4-02)

**levels of care**<sup>18</sup> is synonymous with *roles of care and echelons of care*. The levels of care are characterized by capabilities and not geographical location within the theater of operations. There are five levels of care—(1) *Level I*—Unit-level first medical care a soldier receives is provided at this level. This care includes immediate lifesaving measures, advanced trauma management, disease prevention, combat operational stress control prevention, casualty collection, and evacuation from supported units to supporting medical treatment. Level I elements are located throughout the combat and communications zones. These elements include the combat lifesavers, combat medics, and battalion aid station. Some or all of these elements are found in maneuver, combat support, and combat service support units. When Level I is not present in a unit, this support is provided to that unit by Level II medical units. (2) *Level II*—Duplicates Level I medical care and expands services available by adding dental, laboratory, x-ray, and patient-holding capability. Emergency care, advanced trauma management, including beginning resuscitation procedures, is continued. No general anesthesia is available; if necessary, additional emergency measures dictated by the immediate needs are performed. Level II units are located in the combat zone and the communications zone. Level II medical support may be provided by a clearing station established by a forward support medical company; division support medical company, or area support medical companies located in the corps area and in the communications zone. This is also referred to as division-level medical care. (3) *Level III*—This level of support expands the support provided at Level II. Casualties who are unable to tolerate and survive movement over long distances will receive surgical care in hospitals as close to the division rear boundary as the tactical situation will allow. Surgical care may be provided within the division area under certain operational conditions. Level III characterizes the care that is provided by combat support hospitals. Operational conditions may require Level III units to locate in offshore support facilities, third country support base, or in the communications zone. (4) *Level IV*—This level of care is provided in an echelons above corps (communications zone-level) combat support hospital which are staffed and equipped for general and specialized medical and surgical treatment. This level of care provides further treatment to stabilize those patients requiring evacuation to continental United States. This level also provides area health service support to soldiers within the communications zone. (5) *Level V*—In this level of care, the casualty is treated in continental United States-based hospitals, staffed and equipped for the most definitive care available within the health service support system. Hospitals in the continental United States base represent the final level of HSS. (ATTP 4-02)

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<sup>18</sup> An obsolete term...but levels of care are still discussed within the medical planning community and this dated Army definition is the best that is available.

**level of detail:** Within the current joint planning and execution system, movement characteristics for both personnel and cargo are described at six distinct levels of detail. Levels I, V, and VI describe personnel and Levels I through IV and VI for cargo. Levels I through IV are coded and visible in the Joint Operation Planning and Execution System automated data processing. Levels V and VI are used by Joint Operation Planning and Execution System automated data processing feeder systems. a. **level I** - personnel: expressed as total number of passengers by unit line number. Cargo: expressed in total short tons, total measurement tons, total square feet, and total thousands of barrels by unit line number. Petroleum, oils, and lubricants is expressed by thousands of barrels by unit line number. b. **level II** - cargo: expressed by short tons and measurement tons of bulk, oversize, outsize, and non-air transportable cargo by unit line number. Also square feet for vehicles and non self-deployable aircraft and boats by unit line number. c. **level III** - cargo: detail by cargo category code expressed as short tons and measurement tons as well as square feet associated to that cargo category code for an individual unit line number. d. **level IV** - cargo: detail for individual dimensional data expressed in length, width, and height in number of inches, and weight/volume in short tons/measurement tons, along with a cargo description. Each cargo item is associated with a cargo category code and a unit line number. e. **level V** - personnel: any general summarization/aggregation of level VI detail in distribution and deployment. f. **level VI** - personnel: detail expressed by name, Service, military occupational specialty and unique identification number. Cargo: detail expressed by association to a transportation control number or single tracking number or item of equipment to include federal stock number/national stock number and/or requisition number. Nested cargo, cargo that is contained within another equipment item, may similarly be identified. (CJCSM 3122.01A)

**life cycle:** The total phases through which an item passes from the time it is initially developed until the time it is either consumed in use or disposed of as being excess to all known materiel requirements. (JP 4-02)

**L-hour:** The specific hour on C-day at which a deployment operation commences or is to commence. (JP 5-0)

**L-hour (amphibious operations):** In amphibious operations, the time at which the first helicopter of the helicopter-borne assault wave touches down in the landing zone. (JP 3-02)

**limiting factor (LIMFAC):** A factor or condition that, either temporarily or permanently, impedes mission accomplishment. (JP 5-0)

**line of communications (LOC):** A route, either land, water, and/or air, that connects an operating military force with a base of operations and along which supplies and military forces move. (JP 2-01.3)

**line of effort (LOE):** In the context of joint operation planning, using the purpose (cause and effect) to focus efforts toward establishing operational and strategic conditions by linking multiple tasks and missions. (JP 5-0)

**line of effort (LOE):** A line that links multiple tasks using the logic of purpose rather than geographical reference to focus efforts toward establishing operational and strategic conditions (ADRP 3-0).

**line of operations (LOO):** A line that defines the interior or exterior orientation of the force in relation to the enemy or that connects actions on nodes and/or decisive points related in time and space to an objective(s). (JP 5-0)

**line of operations (LOO):** A line that defines the directional orientation of a force in time and space in relation to the enemy and that links the force with its base of operations and objectives (ADRP 3-0).

**lines of patient drift:** Natural routes along which wounded soldiers may be expected to go back for medical care from a combat position. (FM 4-02.10)

## M

**Marine air-ground task force:** The Marine Corps principal organization for all missions across the range of military operations, composed of forces task-organized under a single commander capable of responding rapidly to a contingency anywhere in the world. The types of forces in the Marine air-ground task force (MAGTF) are functionally grouped into four core elements: a command element, an aviation combat element, a ground combat element, and a combat service support element. The four core elements are categories of forces, not formal commands. The basic structure of the MAGTF never varies, though the number, size, and type of Marine Corps units comprising each of its four elements will always be mission dependent. The flexibility of the organizational structure allows for one or more subordinate MAGTFs to be assigned. (MCRP 5-12C)

**Marine expeditionary brigade (MEB):** A Marine air-ground task force that is constructed around a reinforced infantry regiment, a composite Marine aircraft group, and a combat logistics regiment. The Marine expeditionary brigade, commanded by a general officer, is task-organized to meet the requirements of a specific situation. It can function as part of a joint task force, as the lead echelon of the Marine expeditionary force, or alone. It varies in size and composition, and is larger than a Marine expeditionary unit but smaller than a Marine expeditionary force. The Marine expeditionary brigade is capable of conducting missions across the full range of military operations. (JP 3-18)

**Marine expeditionary force:** The largest Marine air-ground task force (MAGTF) and the Marine Corps principal warfighting organization, particularly for larger crises or contingencies. It is task-organized around a permanent command element and normally contains one or more Marine divisions, Marine aircraft wings, and Marine force service support groups. The Marine expeditionary force is capable of missions across the range of military operations, including amphibious assault and sustained operations ashore in any environment. It can operate from a sea base, a land base, or both. Also called MEF. (MCRP 5-12C)

**Marine expeditionary unit:** A Marine air-ground task force (MAGTF) that is constructed around an infantry battalion reinforced, a helicopter squadron reinforced, and a task-organized combat service support element. It normally fulfills Marine Corps forward sea-based deployment requirements. The Marine expeditionary unit provides an immediate reaction capability for crisis response and is capable of limited combat operations. Also called MEU. (MCRP 5-12C)

**maritime forces:** Forces that operate on, under, or above the sea to gain or exploit command of the sea, sea control, or sea denial and/or to project power from the sea. (JP 3-32)

**mass casualty (MASCAL):** Any large number of casualties produced in a relatively short period of time, usually as the result of a single incident such as a military aircraft accident, hurricane, flood, earthquake, or armed attack that exceeds local logistic support capabilities. (JP 4-02)

**medical civil-military operations (MCMO):** All military health-related activities in support of a joint force commander that establish, enhance, maintain or influence relations between the joint



or multinational force and host nation, multinational governmental and nongovernmental civilian organizations and authorities, and the civilian populace in order to facilitate military operations, achieve United States operational objectives, and positively impact the health sector. (JP 4-02)

**medical engagement protocols:** Directives issued by competent military authority that delineate the circumstances and limitations under which United States medical forces will initiate medical care and support to those individuals that are not Department of Defense health care beneficiaries or designated eligible for care in a military medical treatment facility by the Secretary of Defense. (JP 4-02)

**medical intelligence preparation of the operational environment (MIPOE):** A systematic continuing process that analyzes information on medical and disease threats, enemy capabilities, terrain, weather, local medical infrastructure, potential humanitarian and refugee situations, transportation issues, and political, religious and social issues for all types of operations. (JP 4-02)

**measurement ton (M/T, MT, MTON):** The unit of volumetric measurement of equipment associated with surface-delivered cargo. Measurement tons equal total cubic feet divided by 40 (1MTON = 40 cubic feet). (JP 1-02)

**M-day:** The term used to designate the unnamed day on which full mobilization commences or is due to commence. (JP 1-02)

**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 3-0)

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

**medical chemical defense materiel (MCDM):** Deployable Force Package assets of MCDM are centrally managed to support initial issue Individual Service Member requirements for Army personnel deploying to high threat areas. See *SB-8-75-S7* (20 July) for details on management and release of this materiel (Army Supply Bulletin 8-75).

**medical civil-military operations (MCMO):** All military health-related activities in support of a joint force commander that establish, enhance, maintain or influence relations between the joint or multinational force and host nation, multinational governmental and nongovernmental civilian organizations and authorities, and the civilian populace in order to facilitate military operations, achieve US operational objectives, and positively impact the health sector. (JP 4-02)

**medical contingency file:** A web-based database within the Defense Supply Center Philadelphia's Readiness Management Application that identifies and manages Department of Defense medical contingency materiel requirements. (JP 4-02)

**medical crew director (MCD):** A qualified FN responsible for supervising patient care and AECMs assigned to AE missions. (Air Force Pubs)

**medical equipment set:** A chest containing medical instruments and supplies designed for specific table of organization and equipment units or specific missions. (FM 4-02.1)

**medical evacuation:** The process of moving any person who is wounded, injured, or ill to and/or between medical treatment facilities while providing en route medical care. (ATTP 4-02)

**medical evacuation (MEDEVAC):** Refers to Army, Navy, Marine Corps, and Coast Guard patient movement using designated tactical or logistic aircraft, boats, ships, and other watercraft temporarily equipped and staffed with medical attendants for en route care. (NTTP 4-02.2M/MCRP 4-11.1G)

**medical evacuees:** Personnel who are wounded, injured, or ill and must be moved to or between medical facilities. (JP 4-02)

**medical intelligence:** That category of intelligence resulting from collection, evaluation, and analysis, and interpretation of foreign medical, bio-scientific, and environmental information that is of interest to strategic planning and to military medical planning and operations for the conservation of the fighting strength of friendly forces and the formation of assessments of foreign medical capabilities in both military and civilian sectors. (JP 2-01)

**medical intelligence preparation of the operational environment (MIPOE):** A systematic continuing process that analyzes information on medical and disease threats, enemy capabilities, terrain, weather, local medical infrastructure, potential humanitarian and refugee situations, transportation issues, and political, religious and social issues for all types of operations. Medical intelligence preparation of the operational environment is a component of the health service support mission analysis process, and the resulting statistics serves as a basis for developing health service support estimates and plans. It includes: defining the operational environment, describing the operational environment effects on health service support operations, evaluating the operational environmental threats, and determining courses of action to meet actual and potential threats. (JP 4-02)

**medical logistics support (MEDLOG):** A functional area of logistics support for the joint force surgeon's health service support mission and that includes supplying Class VIII medical supplies (medical material to include medical peculiar repair parts used to sustain the health service support system), optical fabrication, medical equipment maintenance, blood storage and distribution, and medical gases. (JP 4-02)

**medical noneffective rate:** Is a measure very frequently used in military medicine and measures the prevalence of non-effectiveness with non-effectiveness being defined as *excused from duty for medical reasons*. This rate does not generally include time off for clinic visits and days off, other than hospitalization, for illness. (FM 8-55)

**medical protocols:** Directives issued by competent military authority that delineate the circumstances and limitations under which US medical forces will initiate medical care and support to those individuals that are not Department of Defense health care beneficiaries or designated eligible for care in a military medical treatment facility by the Secretary of Defense. (JP 4-02)

**Medical Readiness Decision Support System (MRDSS):** The database used by the Air Force Medical System to monitor and report medical readiness. (Air Force)

**medical regulating:** The actions and coordination necessary to arrange for the movement of patients through the roles of care and to match patients with a medical treatment facility that has the necessary health service support capabilities and available bed space. (JP 4-02)

**medical regulating control center (MRCC):** The coordination center for movement of casualties within and out of a naval task force. Normally located with the flagship, the medical regulating control center is supervised by the medical regulating control officer. (NTRP 1-02)

**medical regulating control officer (MRCO):** A medical administrative officer or senior enlisted person from the health service support staff of the amphibious task force who directs and supervises the operation of the medical regulating team, is net control for the medical regulating network, and maintains liaison with the Joint/Theater Patient Movement Requirements Center. The medical regulating control officer also keeps the amphibious task force and landing force surgeons and the Joint/Theater Patient Movement Requirements Center informed on the current status and operations of patient movement within the task force. (COMNAVSURFORINST 6000.1)

**medical regulating network (MEDREGNET):** The formal radio communication network for the medical regulating system. The success of the medical regulating system depends upon reliable communications over dedicated and parallel systems. Both the commander, amphibious task force medical regulating control officer and the commander, landing force patient evacuation officer must have the same dedicated radio communications network. This is coordinated by the amphibious task force communications officer and the landing force communications–electronics officer ensuring that communication requirements for the medical regulating system are addressed in all operation orders/operation plans. The primary purpose of the medical regulating network is to provide a means of rapid communications between the medical regulating control officers, medical regulating teams, and the Joint/Theater Patient Movement Requirements Center. This ensures a constant flow of current capability information between medical treatment facilities and control agencies. (Fleet Medicine Pocket Reference 2007)

**medical regulating officer:** The medical regulating officer functions as the responsible individual at mission command headquarters for receiving and consolidating medical evacuation requests. These requests are initiated by the division medical operations center or subordinate hospitals. The medical regulating officer also maintains the current patient status, bed status, and surgical backlog at subordinate hospitals. (ATP 4-02.2)

**medical regulating team:** A team of medical regulators and Navy or Marine Corps radio operators assigned to mobile or fixed medical treatment facilities, under the direct supervision of a medical regulating officer. The team receives and maintains information regarding the health service support capabilities of the medical treatment facilities within the amphibious area of operations and coordinates the regulation of casualties under their cognizance. Within the landing force, this team is called the patient evacuation team. (COMNAVSURFORINST 6000.1)

**Medical Standby Equipment Program (MEDSTEP):** This program includes end items, components, or assemblies used to support activities with serviceable items when the primary item is unserviceable and is economically repairable (previously called operational readiness float). (FM 4-02.1)

**medical surveillance:** The ongoing, systematic collection, analysis, and interpretation of data derived from instances of medical care or medical evaluation, and the reporting of population-based information for characterizing and countering threats to a population's health, well-being and performance. (JP 4-02)

**medical treatment facility (MTF):** A facility established for the purpose of furnishing medical and/or dental care to eligible individuals. (JP 4-02)

**medical treatment facility (MTF):** Any facility established for the purpose of providing medical treatment. This includes battalion aid stations, division clearing stations, dispensaries, clinics, and hospitals. (2) A facility established for the purpose of furnishing medical and/or dental care to eligible individuals. (3) Denotes a facility established for the purpose of providing health services to authorized personnel. (ATTP 4-02)

**military health system:** A health system that supports the military mission by fostering, protecting, sustaining, and restoring health and providing the direction, resources, health care providers, and other means necessary for promoting the health of the beneficiary population. (JP 4-02)

**Military Service:** A branch of the Armed Forces of the United States, established by act of Congress, in which persons are appointed, enlisted, or inducted for military service, and which operates and is administered within a military or executive department. The Military Services are: the United States Army, the United States Navy, the United States Air Force, the United States Marine Corps, and the United States Coast Guard. (JP 1-02)

**military van (container) (MILVAN):** Military-owned, demountable container, conforming to United States and international standards, operated in a centrally controlled fleet for movement of military cargo. (JP 4-02)

**missing in action (MIA):** This term describes battle casualties whose whereabouts or fate cannot be determined and who are not known to be in an unauthorized absence status (desertion or absent without leave). (ATTP 4-02)

**mission:** Movement of aircraft from a designated point of origin to a designated destination as defined by assigned mission identifier, mission nickname, or both in the schedule, mission directive, OPORD, OPLAN, or Frag order. (Air Force Pubs)

**mission:** 1. The task, together with the purpose, that clearly indicates the action to be taken and the reason therefore. (JP 3-0) 2. In common usage, especially when applied to lower military units, a duty assigned to an individual or unit; a task. (JP 3-0) 3. The dispatching of one or more aircraft to accomplish one particular task. (JP 3-30)

**mission clinical coordinator (MCC):** A qualified/certified MCD or CMT, in addition to the basic crew and instructors and flight examiners. Responsible for coordinating training activities on ARMs. (Air Force Pubs)

**mission command**<sup>19</sup>: The exercise of authority and direction by the commander using mission orders to enable disciplined initiative within the commander's intent to empower agile and adaptive leaders in the conduct of unified land operations. (ADP 6-0)

**mission command:** The conduct of military operations through decentralized execution based upon mission-type orders. (JP 3-31)

**mission command systems:** The arrangement of personnel; networks; information systems; processes and procedures; and facilities and equipment that enable commanders to conduct operations. (ADP 6-0)

**mission essential (ME):** An item, system, or subsystem component essential for safe aircraft operation or mission completion. (Air Force Pubs)

**mission needs statement (MNS):** A formatted non-system-specific statement containing operational capability needs and written in broad operational terms. (CJCSI 3180.01)

**mission statement:** A short sentence or paragraph that describes the organization's essential task(s), purpose, and action containing the elements of who, what, when, where, and why. (JP 5-0)

**mobile aeromedical staging facility (MASF):** The mobile aeromedical staging facility is a United States Air Force staging facility employed at forward airfields in the combat zone to provide temporary staging capability for preparation of patients being evacuated from corps to echelons above corps hospitals. The mobile aeromedical staging facility is employed to ensure patients are prepared for aircraft loading with the main focus of reducing aeromedical evacuation aircraft ground time. (ATTP 4-02)

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<sup>19</sup> Replaces the Army doctrinal term command and control. The former command and control warfighting function is now called the mission command warfighting function—not command and control or C2. The function of command and the function of control are still valid, but not when combined into a single phrase or function. When discussing Army operations, command and control (including the shortened form C2) is an obsolete term.

**mobility air force (MAF):** Forces assigned to mobility aircraft or MAJCOMs with operational or tactical control of mobility aircraft. (Air Force Pubs)

**mobility air forces (MAF):** The mobility air forces are comprised of those air components and Service components that are assigned air mobility forces and/or that routinely exercise command authority over their operations. (JP 3-17)

**mobilization (MOB):** 1. The act of assembling and organizing national resources to support national objectives in time of war or other emergencies. 2. The process by which the Armed Forces or part of them are brought to a state of readiness for war or other national emergency. This includes activating all or part of the Reserve Component as well as assembling and organizing personnel, supplies, and materiel. Mobilization of the Armed Forces includes but is not limited to the following categories: a. **selective mobilization** — Expansion of the active Armed Forces resulting from action by Congress and/or the President to mobilize Reserve Component units, Individual Ready Reservists, and the resources needed for their support to meet the requirements of a domestic emergency that is not the result of an enemy attack. b. **partial mobilization** — Expansion of the active Armed Forces resulting from action by Congress (up to full mobilization) or by the President (not more than 1,000,000 for not more than 24 consecutive months) to mobilize Ready Reserve Component units, individual reservists, and the resources needed for their support to meet the requirements of a war or other national emergency involving an external threat to the national security. c. **full mobilization** — Expansion of the active Armed Forces resulting from action by Congress and the President to mobilize all Reserve Component units and individuals in the existing approved force structure, as well as all retired military personnel, and the resources needed for their support to meet the requirements of a war or other national emergency involving an external threat to the national security. Reserve personnel can be placed on active duty for the duration of the emergency plus six months. d. **total mobilization** — Expansion of the active Armed Forces resulting from action by Congress and the President to organize and/or generate additional units or personnel beyond the existing force structure, and the resources needed for their support, to meet the total requirements of a war or other national emergency involving an external threat to the national security. (JP 4-05)

## N

**National Disaster Medical System (NDMS):** A coordinated partnership between Departments of Homeland Security, Health and Human Services, Defense, and Veterans Affairs established for the purpose of responding to the needs of victims of a public health emergency. (JP 3-41)

**National Military Strategy (NMS):** A document approved by the Chairman of the Joint Chiefs of Staff for distributing and applying military power to attain national security strategy and national defense strategy objectives. (JP 3-0)

**National Response Coordination Center (NRCC):** A multiagency center that provides overall federal response and recovery coordination for incidents of national significance and emergency management program implementation. This center is a functional component of the national operations center. (JP 3-28)

**N-day:** The unnamed day an active duty unit is notified for deployment or redeployment. (JP 1-02)

**nerve agent:** A potentially lethal chemical agent which interferes with the transmission of nerve impulses. (JP 3-11)

**nonbattle injury (NBI):** A person who becomes a casualty due to circumstances not directly attributable to hostile action or terrorist activity. (JP 4-02)

**noncombatant evacuation operations (NEO):** Operations directed by the Department of State or other appropriate authority, in conjunction with the Department of Defense, whereby noncombatants are evacuated from foreign countries when their lives are endangered by war, civil unrest, or natural disaster to safe havens as designated by the Department of State. (JP 3-68)

**noncombatant evacuees:** 1. US citizens who may be ordered to evacuate by competent authority include: a. civilian employees of all agencies of the US Government and their dependents, except as noted in 2a below; b. military personnel of the Armed Forces of the United States specifically designated for evacuation as noncombatants; and c. dependents of members of the Armed Forces of the United States. 2. US (and non-US) citizens who may be authorized or assisted (but not necessarily ordered to evacuate) by competent authority include: a. civilian employees of US Government agencies and their dependents, who are residents in the country concerned on their own volition, but express the willingness to be evacuated; b. private US citizens and their dependents; c. military personnel and dependents of members of the Armed Forces of the United States outlined in 1c above, short of an ordered evacuation; and d. designated personnel, including dependents of persons listed in 1a through 1c above, as prescribed by the Department of State. (JP 3-68)

**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 3-08)

**nonpersistent agent:** A chemical agent that when released dissipates and/or loses its ability to cause casualties after 10 to 15 minutes. (JP 3-11)

**non-unit-related cargo (NURC):** All equipment and supplies requiring transportation to an operational area, other than those identified as the equipment or accompanying supplies of a specific unit (e.g., resupply, military support for allies, and support for nonmilitary programs, such as civil relief). (JP 1-02)

**non-unit-related personnel (NRP or NUP):** All personnel requiring transportation to or from an operational area, other than those assigned to a specific unit (e.g., filler personnel; replacements; temporary duty/temporary additional duty personnel; civilians; medical evacuees; and retrograde personnel). (JP 1)

**not seriously injured (NSI):** The casualty status of a person whose injury may or may not require hospitalization; medical authority does not classify as very seriously injured, seriously injured, or incapacitating illness or injury; and the person can communicate with the next of kin. (JP 4-02)



## O

**occupational and environmental health surveillance:** The regular or repeated collection, analysis, archiving, interpretation, and dissemination of occupational and environmental health-related data for monitoring the health of, or potential health hazard impact on, a population and individual personnel, and for intervening in a timely manner to prevent, treat, or control the occurrence of disease or injury when determined necessary. (JP 4-02)

**occupational and environmental health threats:** Threats to the health of military personnel and to military readiness created by exposure to hazardous agents, environmental contamination, or toxic industrial materials. (JP 4-02)

**occupied territory:** Territory under the authority and effective control of a belligerent armed force and not being administered pursuant to peace terms, treaty, or other agreement, express or implied, with the civil authority of the territory. (JP 4-02)

**occurrence rates:** Numbers of WIA, DIS, NBI, and CS patients per 1000 PAR that present for treatment. Occurrence rates include outpatient visits and hospital admissions. Admission rates are a subset of occurrence rates. (Medical Planning and Programming Unique)

**operation:** 1. A series of tactical actions with a common purpose or unifying theme. (JP 1) 2. A military action or the carrying out of a strategic, operational, tactical, service, training, or administrative military mission. (JP 3-0).

**operational area (OA):** An overarching term encompassing more descriptive terms (such as area of responsibility and joint operations area) for geographic areas in which military operations are conducted. (JP 3-0)

**operational authority:** That authority exercised by a commander in the chain of command, defined further as combatant command (command authority), operational control, tactical control, or a support relationship. (JP 1)

**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)

**operational environment:** A composite of the conditions, circumstance, and influences that affect the employment of capabilities and bear on the decisions of the commander. (JP 3-0)

**operational missions:** Missions executed at or above 618 TACC level. Operational missions termed "CLOSE WATCH" include CORONET missions and AFI 11-221, Air Refueling Management (KC-10 and KC-135), priority 1, 2, and 3 missions tasked by the 618 TACC. Other operational missions such as deployment, re-deployment, reconnaissance operations, operational readiness inspections (ORI), AMC channel or SAAM, and JA/ATT missions may be designated "CLOSE WATCH" as necessary. (Air Force Pubs)

**operational testing:** A continuing process of evaluation that may be applied to either operational personnel or situations to determine their validity or reliability. (JP 4-02)

**operation order (OPORD):** A directive issued by a commander to subordinate commanders for the purpose of effecting the coordinated execution of an operation. (JP 5-0)

**operation plan (OPLAN):** 1. Any plan for the conduct of military operations prepared in response to actual and potential contingencies. 2. A complete and detailed joint plan containing a full description of the concept of operations, all annexes applicable to the plan, and a time-phased force and deployment data. (JP 5-0)

**operations security (OPSEC):** A process of identifying critical information and subsequently analyzing friendly actions attendant to military operations and other activities. (JP 3-13.3)

**operating forces:** Consist of those forces whose primary missions are to participate in combat and the integral supporting elements thereof. (FM 3-0)

**opportune lift:** That portion of lift capability available for use after planned requirements have been met. (JP 4-02)

**opportune airlift:** Transportation of personnel, cargo, or both onboard aircraft with no expenditure of additional flying hours to support the airlift. (Air Force Pubs)

**OPTEMPO:** (1) The pace of an operation or operations; includes all of the activities the unit is conducting; can be a single activity or series of operations. (2) The rate at which units of the armed forces are involved in all military activities, including contingency operations, exercises and training deployments.

**organic:** Assigned to and forming an essential part of a military organization. Organic parts of a unit are those listed in its table of organization for the Army, Air Force, and Marine Corps, and are assigned to the administrative organizations of the operating forces for the Navy. (JP 1-02)

**originating medical facility:** A medical facility (MTF) that initially transfers a patient to another medical facility. (JP 4-02)

**other detainee (OD):** Person in the custody of the US Armed Forces who has not been classified as an enemy prisoner of war (article 4, Geneva Convention of 1949 Relative to the Treatment of Prisoners of War (GPW)), retained personnel (article 33, GPW), or civilian internee (article 78, Geneva Convention). (JP 1-0)

**outpatient:** Is the term applied to a person receiving medical/dental examination and/or treatment from medical personnel and in a status other than being admitted to a hospital. Included in this category is the person who is treated and retained (held) in a medical treatment facility (such as an Level II facility [clearing station]) other than a hospital. (ATTP 4-02)

**outsized cargo:** Cargo that exceeds the dimensions of oversized cargo and requires the use of a C-5 or C-17 aircraft or surface transportation. A single item that exceeds 1,000 inches long by 117 inches wide by 105 inches high in any one dimension. (JP 4-01.6)

**oversized cargo:** 1. Large items of specific equipment such as a barge, side loadable warping tug, causeway section, powered, or causeway section, non-powered. Requires transport by sea. 2. Air cargo exceeding the usable dimension of a 463L pallet loaded to the design height of 96 inches, but equal to or less than 1,000 inches in length, 117 inches in width, and 105 inches in height. This cargo is air transportable on the C-5, C-17, C-130, KC-10 and most civilian contract cargo carriers. (JP 3-17)

## P

**passage of lines:** An operation in which a force moves forward or rearward through another force's combat positions with the intention of moving into or out of contact with the enemy. A passage may be designated as a forward or rearward passage of lines. (JP 1-02)

**passenger mile:** One passenger transported one mile. For air and ocean transport, use nautical miles; for rail, highway, and inland waterway transport in the continental United States, use statute miles. (JP 1-02)

**passenger (PAX):** Individual aboard aircraft for the purpose of transportation. (Air Force Pubs)

**Patient Condition Occurrence Frequency (PCOF):** PCOF data are probabilities that a certain diagnosis will occur. In a planning tool, casualty rates determine the number of casualties. PCOF data determines the diagnosis that will be applied to each of the casualties. (Joint Medical Planning and Programming Unique)

**patient estimates:** Are derived from the casualty estimate (prepared by the S-1/G-1) by the medical planner. (Refer to the definition of *casualty* as stated above.) Not all classifications of casualties are *medical casualties* (such as killed in action, absent without leave, or detained persons). Patient estimates only encompass *medical casualties*. (ATTP 4-02)

**patient evacuation:** The removal of a patient by a variety of transport means (air, ground, rail, or sea) from a theater of military operation and between health service support capabilities to prevent further illness or injury and to provide additional care and disposition of patients from the military health care system. (NTTP 4-02.2M/MCRP 4-11.1G)

**patient movement:** The act or process of moving a sick, injured, wounded, or other person to obtain medical and/or dental care or treatment. Functions include medical regulating, patient evacuation, and en route medical care. (JP 4-02)

**patient movement categories:** (1) **urgent** — Patients who must be moved immediately to save life, limb, or eyesight, or to prevent complication of a serious illness. (2) **priority** — Patients requiring prompt medical care that must be moved within 24 hours. (3) **routine** — Patients who should be picked up within 72 hours and moved on routine/scheduled flights. (Air Force Pubs)

**patient movement items (PMI):** The medical equipment and supplies required to support patients during aeromedical evacuation, which is part of a standardized list of approved safe-to-fly equipment. (JP 4-02)

**Patient Movement Items Tracking System (PMITS):** PlexusD tracks the location of Patient Movement Item (PMI) during peacetime and its movement during contingency and wartime operations. PMITS PlexusD directly supports the war fighters' mission by ensuring critical patient movement equipment is available to save critically injured warfighters' lives. Commanders use PMITS PlexusD to manage and redistribute PMI assets in order to avoid shortages during patient evacuations. PMITS PlexusD has the ability to show location and status

of PMI assets. This eliminates shortages and overages of essential lifesaving equipment (Army Supply Bulletin 8-75-11).

**patient movement policy:** Command decision establishing the maximum number of days that patients may be held within the command for treatment. Previously called **evacuation policy**. (JP 4-02)

**patient movement requirements center (PMRC):** 1. A joint activity that coordinates patient movement by functionally merging of joint medical regulating processes, Services' medical regulating processes, and patient movement evacuation requirements planning (transport to bed plan). 2. Term used to represent any theater, joint or the Global Patient Movement Requirements Center function. (JP 4-02)

**peace building:** Stability actions, predominately diplomatic and economic, that strengthen and rebuild governmental infrastructure and institutions in order to avoid a relapse into conflict. (JP 3-07.3)

**peace enforcement:** Application of military force, or the threat of its use, normally pursuant to international authorization, to compel compliance with resolutions or sanctions designed to maintain or restore peace and order. (JP 3-07.3)

**peacekeeping:** Military operations undertaken with the consent of all major parties to a dispute, designed to monitor and facilitate implementation of an agreement (cease fire, truce, or other such agreement) and support diplomatic efforts to reach a long-term political settlement. (JP 3-07.3)

**peacemaking:** The process of diplomacy, mediation, negotiation, or other forms of peaceful settlements that arranges an end to a dispute and resolves issues that led to it. (JP 3-07.3)

**peace operations:** A broad term that encompasses multiagency and multinational crisis response and limited contingency operations involving all instruments of national power with military missions to contain conflict, redress the peace, and shape the environment to support reconciliation and rebuilding and facilitate the transition to legitimate governance. Peace operations include peacekeeping, peace enforcement, peacemaking, peace building, and conflict prevention efforts. (JP 3-07.3)

**percent evacuated:** A planning factor used in JMAT. The percent evacuated planning factor defines the percentage of patients that would be evacuated as opposed to the percentage of patients that would return to duty. (Medical Planning and Programming Unique)

**permissive environment:** Operational environment in which host country military and law enforcement agencies have control as well as the intent and capability to assist operations that a unit intends to conduct. (JP 3-0)

**personal protective equipment (PPE):** The equipment provided to shield or isolate a person from the chemical, physical, and thermal hazards that can be encountered at a hazardous

materials incident. Personal protective equipment includes both personal protective clothing and respiratory protection. (JP 3-11)

**personnel increment number (PIN):** A seven-character, alphanumeric field that uniquely describes a non-unit-related personnel entry (line) in a Joint Operation Planning and Execution System time-phased force and deployment data. (JP 5-0)

**plan identification number (PID):** 1. A command-unique four-digit number followed by a suffix indicating the Joint Strategic Capabilities Plan year for which the plan is written. 2. A five-digit number representing the command-unique four-digit identifier, followed by a one-character, alphabetic suffix indicating the operation plan option, or a one-digit number numeric value indicating the Joint Strategic Capabilities Plan year for which the plan is written. (JP 5-0)

**planning factor:** A multiplier used in planning to estimate the amount and type of effort involved in a contemplated operation. (JP 5-0)

**planning order (PLANORD):** A planning directive that provides essential planning guidance and directs the initiation of execution planning before the directing authority approves a military course of action. (JP 5-0)

**population at risk (PAR):** The strength in personnel of a given force structure in terms of which casualty rates are stated. (JP 4-02)

**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 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 4-01.2)

**prepare to deploy order (PTDO):** An order issued by competent authority to move forces or prepare forces for movement (e.g., increase deployability posture of units). (JP 5-0)

**Presidential Call-up:** Procedures by which the President brings all or a part of the Army National Guard or the Air National Guard to active federal service under Title 10, United States Code, Section 12406 and Chapter 15. (JP 4-05)

**Presidential Reserve Call-up (PRC):** Provision of a public law (Title 10, United States Code, Section 12304) that provides the President a means to activate, without a declaration of national emergency, not more than 200,000 members of the Selected Reserve and the Individual Ready Reserve (of whom not more than 30,000 may be members of the Individual Ready Reserve), for not more than 365 days to meet the requirements of any operational mission. Members called under this provision may not be used for disaster relief or to suppress insurrection. This authority has particular utility when used in circumstances in which the escalatory national or international

signals of partial or full mobilization would be undesirable. Forces available under this authority can provide a tailored, limited-scope, deterrent, or operational response, or may be used as a precursor to any subsequent mobilization. (JP 4-05)

**preventive maintenance:** The care and servicing by personnel for the purpose of maintaining equipment and facilities in satisfactory operating condition by providing for systematic inspection, detection, and correction of incipient failures either before they occur or before they develop into major defects. (JP 4-02)

**preventive medicine (PVNTMED):** The anticipation, communication, prediction, identification, prevention, education, risk assessment, and control of communicable diseases, illnesses and exposure to endemic, occupational, and environmental threats. (JP 4-02)

**prisoner of war (POW or PW):** A detained person (as defined in Articles 4 and 5 of the Geneva Convention Relative to the Treatment of Prisoners of War of August 12, 1949) who, while engaged in combat under orders of his or her government, is captured by the armed forces of the enemy. (JP 3-50)

**Public Health Emergency Officer (PHEO):** The PHEO is responsible for the protection of installations, facilities and personnel in the event of a public health emergency. The PHEO is a senior leader with experience and training in functions essential to effective public health emergency management. The Army PHEO will be a military officer health professional or Department of the Army civilian (DAC) (O-3 or GS-11 or above) who is trained or experienced in a preventive medicine specialty.

**prudent risk:** A deliberate exposure to potential injury or loss when the commander judges the outcome in terms of mission accomplishment as worth the cost. (ADP 6-0)

## Q

**quick response force (QRF):** A company-sized force providing responsive, mission-tailored, lightly armed ground units that can deploy on short notice, with minimal lift assets, and capable of providing immediate or emergency response. (JP 3-27)



## R

**readiness:** The ability of United States military forces to fight and meet the demands of the national military strategy. Readiness is the synthesis of two distinct but interrelated levels. a. **unit readiness** — The ability to provide capabilities required by the combatant commanders to execute their assigned missions. This is derived from the ability of each unit to deliver the outputs for which it was designed. b. **joint readiness** — The combatant commander's ability to integrate and synchronize ready combat and support forces to execute his or her assigned missions. (JP 1-02)

**ready-to-load date (RLD):** The date when a unit will be ready to move from the origin, i.e., mobilization station. (JP 5-0)

**reconstitution:** The total process of keeping the force supplied with various supply classes, services, and replacement personnel and equipment required to maintain the desired level of combat effectiveness and of restoring units that are not combat effective to the desired level of combat effectiveness through the replacement of critical personnel and equipment. Reconstitution encompasses unit regeneration and sustaining support. (ATTP 4-02)

**recovery and reconstitution:** 1. Those actions taken by one nation prior to, during, and following an attack by an enemy nation to minimize the effects of the attack, rehabilitate the national economy, provide for the welfare of the populace, and maximize the combat potential of remaining forces and supporting activities. 2. Those actions taken by a military force during or after operational employment to restore its combat capability to full operational readiness. (JP 3-35)

**R-day:** Redeployment day. The day on which redeployment of major combat, combat support, and combat service support forces begins in an operation. (JP 1-02)

**redeployment:** The transfer of forces and materiel to support another joint force commander's operational requirements, or to return personnel, equipment, and materiel to the home and/or demobilization stations for reintegration and/or out-processing. (JP 3-35)

**refugee:** A person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his or her nationality and is unable or, owing to such fear, is unwilling to avail himself or herself of the protection of that country. (JP 3-29)

**rehabilitative care:** Therapy that provides evaluations and treatment programs using exercises, massage, or electrical therapeutic treatment to restore, reinforce, or enhance motor performance and restores patients to functional health allowing for their return to duty or discharge from the Service. (JP 4-02)

**remain overnight (RON):** A scheduled or unscheduled mission stop that requires the aircrew to spend the night at a given location due to maintenance, crew duty or patient emergency concerns. (Air Force Pubs)

**replacement rate:** The rate at which casualties are placed during an operation. Within JMAT, replacement rates are normally entered in percentages. For example a replacement rate of 0.10 would equal a 10 percent replacement rate. (Joint Medical Planning and Programming unique)

**required delivery date (RDD):** The date that a force must arrive at the destination and complete unloading. (JP 5-0)

**Reserve Component (RC):** The Armed Forces of the United States Reserve Component consists of: a. the Army National Guard of the United States; b. the Army Reserve; c. the Navy Reserve; d. the Marine Corps Reserve; e. the Air National Guard of the United States; f. the Air Force Reserve; and g. the Coast Guard Reserve. (JP 4-05)

**resuscitative care:** Advanced emergency medical treatment required to prevent immediate loss of life or limb and to attain stabilization to ensure the patient could tolerate evacuation. (JP 4-02)

**resuscitative care:** (1) Generally, advanced trauma management care and surgery limited to the minimum required to stabilize a patient for transportation to a next role of care. (2) Resuscitative care is the aggressive management of life- and limb-threatening injuries. Interventions include emergency medical treatment, advanced trauma management, and lifesaving surgery to enable the patient to tolerate evacuation to the next role of care. (ATTP 4-02)

**retrograde:** The process for the movement of non-unit equipment and materiel from a forward location to a reset (replenishment, repair, or recapitalization) program or to another directed area of operations to replenish unit stocks, or to satisfy stock requirements. (JP 4-09)

**return to duty (RTD):** A patient disposition which, after medical evaluation and treatment when necessary, returns a soldier for duty in his unit. (ATTP 4-02)

**role 4 care:** Role 4 medical care is found in CONUS-base hospitals and other safe havens. Mobilization requires expansion of military hospital capacities and the inclusion of Department of Veterans Affairs and civilian hospital beds in the National Disaster Medical System to meet the increased demands created by the evacuation of patients from the area of operations. The support-base hospitals represent the most definitive medical care available with the AHS. (ATTP 4-02)

**roles of care:** The first medical care a Soldier receives is provided at Role 1 (also referred to as unit-level medical care). This role of care includes –

- Immediate lifesaving measures
- Disease and non-battle injury prevention
- Combat and operational stress preventive measures
- Patient location and acquisition (collection)
- Medical evacuation from supported units (point of injury or wounding, company aid posts, or casualty/patient collecting points) to supporting MTFs
- Treatment provided by designated combat medics or treatment squads. (Major emphasis is placed on those measures necessary for the patient to return to duty or to stabilize him

and allow for his evacuation to the next role of care. These measures include maintaining the airway, stopping bleeding, preventing shock, protecting wounds, immobilizing fractures, and other emergency measures, as indicated.)

Role 2 care is rendered at the MTF which is operated by the treatment platoon of medical companies/troops. Here, the patient is examined and his wounds and general medical condition are evaluated to determine his treatment and evacuation precedence, as a single patient among other patients. Advanced trauma management and emergency medical treatment including beginning resuscitation is continued, and, if necessary, additional emergency measures are instituted, but they do not go beyond the measures dictated by immediate necessities. The Role 2 MTF has the capability to provide packed red blood cells (liquid), limited x-ray, clinical laboratory, dental support, COSC, and preventive medicine. The Role 2 MTF provides a greater capability to resuscitate trauma patients than is available at Role 1.

At Role 3, the patient is treated in an MTF staffed and equipped to provide care to all categories of patients, to include resuscitation, initial wound surgery, damage control surgery, and postoperative treatment. This role of care expands the support provided at Role 2. Patients who are unable to tolerate and survive movement over long distances receive surgical care in a hospital as close to the supported unit as the tactical situation allows. This role includes provisions for –

- Evacuating patient from supported units
- Providing care for all categories of patients in a MTF with the proper staff and equipment
- Providing support on an area basis to units without organic medical assets

Role 4 medical care is found in CONUS-based hospitals and other safe havens. Mobilization requires expansion of military hospital capacities and the inclusion of Department of Veterans Affairs and civilian hospital beds in the National Disaster Medical System to meet the increased demands created by the evacuation of patients from the area of operations. The support-base hospitals represent the most definitive medical care available within the AHS. (ATTP 4-02)

## S

**S-day:** The day the President authorizes Selective Reserve call up (not more than 200,000). (JP 1-02)

**Service component command:** A command consisting of the Service component commander and all those Service forces, such as individuals, units, detachments, organizations, and installations under that command, including the support forces that have been assigned to a combatant command or further assigned to a subordinate unified command or joint task force. (JP 1)

**shortfall:** The lack of forces, equipment, personnel, materiel, or capability, reflected as the difference between the resources identified as a plan requirement and those apportioned to a combatant commander for planning, that would adversely affect the command's ability to accomplish its mission. (JP 5-0)

**single integrated medical logistics manager (SIMLM):** When two or more Services are operating within the commander's-in-chief area of responsibility a Service may be designated as the SIMLM. The SIMLM system encompasses the provision of medical supplies, medical equipment maintenance and repair, blood management, and optical fabrication to all joint forces within the theater of operations. (ATTP 4-02)

**situation report (SITREP):** A report giving the situation in the area of a reporting unit or formation. (JP 3-50)

**sortie:** In air operations, an operational flight by one aircraft. (JP 3-30)

**Special Category Patients:** A special patient is any patient who can be considered at significant risk being aeromedically evacuated. To designate a patient as —speciall is a matter of judgment based on many factors. Among these are the patient's clinical status and degree of stability, amount of time between origination and destination MTF, and duration of individual missions if more than one is needed to move. Special patients can be designated by the MCD/FN, PMCC, VFS or responsible physician and must be coordinated through the PMRC. (Air Force Pubs)

**specified command:** A command that has a broad, continuing mission, normally functional, and is established and so designated by the President through the Secretary of Defense with the advice and assistance of the Chairman of the Joint Chiefs of Staff. It normally is composed of forces from a single Military Department. (JP 1)

**squadron:** 1. An organization consisting of two or more divisions of ships, or two or more divisions (Navy) or flights of aircraft. It is normally but not necessarily composed of ships or aircraft of the same type. 2. The basic administrative aviation unit of the Army, Navy, Marine Corps, and Air Force. 3. Battalion-sized ground or aviation units in US Army cavalry regiments. (JP 1-02)

**stability operations:** An overarching term encompassing various military missions, tasks, and activities conducted outside the United States in coordination with other instruments of national power to maintain or reestablish a safe and secure environment, provide essential governmental services, emergency infrastructure reconstruction, and humanitarian relief. (JP 3-0)

**stabilization time:** The amount of time (in terms of hours) required for a patient to be stabilized prior to patient movement. Stabilization time is a planning factor used in JMAT and other medical planning and programming tools. (Medical Planning and Programming Unique)

**stabilized patient:** A patient whose airway is secured, hemorrhage is controlled, shock treated, and fractures are immobilized. (JP 4-02)

**stabilized patient:** (1) Patient may require emergency intervention, but not surgery, within the next 24 hours. The patient's condition is characterized by a secure airway, control or absence of hemorrhage, shock adequately treated, vital signs stable, and major fractures immobilized. Stabilization is a precondition of extended duration evacuation (up to 24 hours). This includes, but is not limited to: (a) Ventilator. (b) Physiologic monitors. (c) Skull free of air or functioning drains in place. (d) Chest tube functional or x-ray free of pneumothorax. (e) Oxygen requirement is acceptable. (f) Functioning nasogastric tube or absence of ileus. (g) Bone fixator is acceptable. (h) Plaster bi-valved. (i) Pulses present after vascular repair. Despite these definitive example characteristics, there are patients who do not fit these descriptions, and yet may be considered stabilized—as always, this clinical decision is decided on between the originating and receiving physicians. (2) Patient whose condition may require emergency interventions within the next 24 hours. The patient's condition is characterized by a minimum of a secured airway, control or absence of hemorrhage, treated shock, and immobilized fractures. Stabilization is a necessary precondition for further evacuation. (3) A patient whose airway is secured, hemorrhage is controlled, shock is treated, and fractures are immobilized. (ATTP 4-02)

**stable patient:** A patient for whom no inflight medical intervention is expected but the potential for medical intervention exists. (JP 4-02)

**stable patient:** (1) Patient whose condition is not expected to change within the next 24-hour period. Includes but is not limited to: (a) All minimal care and most intermediate care patients. (b) Physiologic monitor acceptable, vital sign requirement is acceptable (no more than every 4 hours). (c) Litter acceptable. (d) Foley catheter acceptable. (e) Gastrointestinal suction functional, or no ileus or obstruction. (2) A patient whose condition is not predicted to change within the next 24 hour period. (3) A patient for whom no in-flight medical intervention is expected but the potential for medical intervention exists. (Generally assumes an intermediate care or minimal care patient who could tolerate a 24 hour bed-to-bed move with care limited to IV and Foley catheters maintenance and dressing changes. This care can be provided to up to 40 stable patients en route by two registered nurses and 3 enlisted medical personnel. (ATTP 4-02)

**staging:** Assembling, holding, and organizing arriving personnel, equipment, and sustaining materiel in preparation for onward movement. The organizing and preparation for movement of personnel, equipment, and materiel at designated areas to incrementally build forces capable of meeting the operational commander's requirements. (JP 3-35)

**standardization:** The process by which the Department of Defense achieves the closest practicable cooperation among the Services and Department of Defense agencies for the most efficient use of research, development, and production resources, and agrees to adopt on the broadest possible basis the use of: a. common or compatible operational, administrative, and logistic procedures; b. common or compatible technical procedures and criteria; c. common, compatible, or interchangeable supplies, components, weapons, or equipment; and d. common or compatible tactical doctrine with corresponding organizational compatibility. (JP 4-02)

**standardization agreement (STANAG):** Agreements among allied nations (NATO) to ensure military interoperability in both equipment and methods of operations. As each STANAG is adopted, it becomes part of each nation's unilateral procedures and is incorporated into national doctrinal and procedural publications.

**strategic concept:** The course of action accepted as the result of the estimate of the strategic situation which is a statement of what is to be done in broad terms. (JP 5-0)

**strategic direction:** The processes and products by which the President, Secretary of Defense, and Chairman of the Joint Chiefs of Staff provide strategic guidance to the Joint Staff, combatant commands, Services, and combat support agencies. (JP 5-0)

**strategic aeromedical evacuation:** That phrase of evacuation that provides airlift for patients from a theater to another theater or CONUS. (ATTP 4-02)

**strategic estimate:** The broad range of strategic factors that influence the commander's understanding of its operational environment and its determination of missions, objectives, and courses of action. (JP 3-0)

**strategic plan:** A plan for the overall conduct of a war. (JP 5-0)

**subordinate campaign plan:** A combatant command prepared plan that satisfies the requirements under a Department of Defense campaign plan, which, depending upon the circumstances, transitions to a supported or supporting plan in execution. (JP 5-0)

**subordinate command:** A command consisting of the commander and all those individuals, units, detachments, organizations, or installations that have been placed under the command by the authority establishing the subordinate command. (JP 1)

**subordinate unified command:** A command established by commanders of unified commands, when so authorized by the Secretary of Defense through the Chairman of the Joint Chiefs of Staff, to conduct operations on a continuing basis in accordance with the criteria set forth for unified commands. A subordinate unified command may be established on an area or functional basis. Commanders of subordinate unified commands have functions and responsibilities similar to those of the commanders of unified commands and exercise operational control of assigned commands and forces within the assigned operational area. (JP 1)

**supported commander:** 1. The commander having primary responsibility for all aspects of a task assigned by the Joint Strategic Capabilities Plan or other joint operation planning authority. In the context of joint operation planning, this term refers to the commander who prepares operation plans or operation orders in response to requirements of the Chairman of the Joint Chiefs of Staff. 2. In the context of a support command relationship, the commander who receives assistance from another commander's force or capabilities, and who is responsible for ensuring that the supporting commander understands the assistance required. (JP 3-0)

**supporting commander:** 1. A commander who provides augmentation forces or other support to a supported commander or who develops a supporting plan. This includes the designated combatant commands and Department of Defense agencies as appropriate. 2. In the context of a support command relationship, the commander who aids, protects, complements, or sustains another commander's force, and who is responsible for providing the assistance required by the supported commander. (JP 3-0)

**supporting plan** — An operation plan prepared by a supporting commander, a subordinate commander, or an agency to satisfy the requests or requirements of the supported commander's plan. (JP 5-0)

## T

**tactical combat casualty care:** A set of trauma management guidelines customized for use on the battlefield that maintains a sharp focus on the most common causes of preventable deaths on the battlefield: external hemorrhage; tension pneumothorax; and airway obstruction. (JP 4-02)

**tactical control (TACON):** Command authority over assigned or attached forces or commands, or military capability or forces made available for tasking, that is limited to the detailed direction and control movements or maneuvers within the operational area necessary to accomplish missions or tasks assigned. Tactical control is inherent to operational control. Tactical control may be delegated to, and exercised at any level at or below the level of combatant command. Tactical control provides sufficient authority for controlling and directing the application of force or tactical use of combat support assets within the assigned mission or task. (JP 1)

**tailgate medical support:** An economy of force device employed primarily to retain maximum mobility during movement halts or to avoid the time and effort required to set up a formal, operational treatment facility (for example, during rapid advance and retrograde operations). Tailgate medical support consists of dispensing medications, bandaging and splinting, and performing simple emergency life sustaining procedures. It is literally performed at the *tailgate* of a vehicle or in a structure or other area using an easily reached set of medical supplies and equipment to ensure promptness and efficiency. Mobility of the unit is not affected and only three to five minutes are required to open or close this service. (FM 3-21.20)

**tasking order (TASKORD):** A method used to task and to disseminate to components, subordinate units, and command and control agencies projected targets and specific missions. In addition, the tasking order provides specific instructions concerning the mission planning agent, targets, and other control agencies, as well as general instructions for accomplishment of the mission. (JP 3-05.1)

**task organization:** 1. In the Navy, an organization which assigns to responsible commanders the means with which to accomplish their assigned tasks in any planned action. 2. An organization table pertaining to a specific naval directive. (JP 1-02)

**task organization:** Is a temporary grouping of forces designed to accomplish a particular mission. Task organization involves the allocation or distribution of available forces to a subordinate headquarters by placing these forces either attached, under operational control to, or in direct support of the subordinate headquarters. Staff planners must distinguish between that support and augmentation which is provided to any or all the divisions, and additional support or augmentation which may be required by the heavy or light division when conducting heavy-light operations. (ATTP 4-02)

**T-day:** The effective day coincident with Presidential declaration of national emergency and authorization of partial mobilization (not more than 1,000,000 personnel exclusive of the 200,000 call up). (JP 1-02)



**telemedicine:** Rapid access to shared and remote medical expertise by means of telecommunications and information technologies to deliver health services and exchange health information for the purpose of improving patient care. (JP 4-02)

**terms of reference (TOR):** 1. A mutual agreement under which a command, element, or unit exercises authority or undertakes specific missions or tasks relative to another command, element, or unit. 2. The directive providing the legitimacy and authority to undertake a mission, task, or endeavor. (JP 3-0)

**theater:** The geographical area for which a commander of a geographic combatant command has been assigned responsibility. (JP 1)

**Theater Enterprise-Wide Logistics System (TEWLS):** TEWLS, a DMLSS Module, is the intermediate level Class VIII supply chain management system based on a SAP technical architecture. TEWLS replaced TAMMIS at MMCs and provides a single authoritative transactional database to manage theater medical materiel assets/maintenance. TEWLS Assemblage Management Module provides automated accountability and component Level inventory management at various sites for APS, MCDM, RCHD, MMRP and UDP materiel (Army Supply Bulletin 8-75-11).

**theater evacuation policy:** A command decision indicating the length in days of the maximum period of non-effectiveness that patients may be held within the command for treatment. Patients who, in the opinion of a responsible medical officers, cannot be returned to duty status within the period prescribed are evacuated by the first available means, provided the travel involved will not aggravate their disabilities. (ATTP 4-02)

**theater hospitalization capability:** Essential care and health service support capabilities to either return the patient to duty and/or stabilization to ensure the patient can tolerate evacuation to a definitive care facility outside the theater, which is known as Role 3 in North American Treaty Organization doctrine. (JP 4-02)

**theater of operations (TO):** An operational area defined by the geographic combatant commander for the conduct or support of specific military operations. (JP 3-0)

**theater of war:** Defined by the President, Secretary of Defense, or the geographic combatant commander, the area of air, land, and water that is, or may become, directly involved in the conduct of major operations and campaigns involving combat. (JP 3-0)

**theater patient movement requirements center (TPMRC):** The activity responsible for intratheater patient movement management (medical regulating and aeromedical evacuation scheduling), the development of theater-level patient movement plans and schedules, the monitoring and execution in concert with the Global Patient Movement Requirements Center. (JP 4-02)

**Theater Patient Movement Requirements Center Americas(TPMRC-A):** A joint activity reporting directly to the Commander, US Transportation Command, the Department of Defense

single manager for the strategic and continental United States regulation and movement of uniformed services and other authorized patients. The TPMRC-A provides medical regulating and aeromedical evacuation scheduling for the continental United States and intertheater operations and provides support to the theater patient movement requirements centers. The TPMRC-A coordinates with supporting resource providers to identify available assets and communicates transport to bed plans to the appropriate transportation agency for execution. (JP 4-02)

**threat:** Any combination of actors, entities, or forces that have the capability and intent to harm United States forces, United States national interests, or the homeland. (ADRP 3-0)

**throughput:** 1. In transportation, the average quantity of cargo and passengers that can pass through a port on a daily basis from arrival at the port to loading onto a ship or plane, or from the discharge from a ship or plane to the exit (clearance) from the port complex. Throughput is usually expressed in measurement tons, short tons, or passengers. Reception and storage limitation may affect final throughput. 2. In patient movement and care, the maximum number of patients (stable or stabilized) by category, that can be received at the airport, staged, transported, and received at the proper hospital within any 24-hour period. (JP 4-02)

**time-phased force and deployment data (TPFDD):** The time-phased force data, non-unit-related cargo and personnel data, and movement data for the operation plan or operation order or ongoing rotation of forces. (JP 5-0)

**time-phased force and deployment list (TPFDL):** Appendix 1 to Annex A of the operation plan. It identifies types and/or actual units required to support the operation plan and indicates origin and ports of debarkation or ocean area. It may also be generated as a computer listing from the time-phased force and deployment data. (JP 4-05)

**times**<sup>20</sup>: The Chairman of the Joint Chiefs of Staff coordinates the proposed dates and times with the commanders of the appropriate unified and specified commands, as well as any recommended changes to when specified operations are to occur (C-, D-, M-days end at 2400 hours Universal Time [Zulu time] and are assumed to be 24 hours long for planning). (JP 5-0) d.

**transportation feasibility:** A determination that the capability exists to move forces, equipment, and supplies from the point of origin to the final destination within the time required. (JP 4-09)

**transit time:** A planning factor used by JMAT. Transit time is the amount of time a patient spends in transit from one location to another. The default transit time is zero. This means that casualties departing a care location arrive at the next location the next day and begin bed occupancy. If a transit time of one day is added, the patient will not occupy a bed for one day of his transit. For example, a patient would depart location, be in transit the next day, and occupy a bed the following day at the next location. (Medical Planning and Programming Unique)

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<sup>20</sup> The definition for “times” was updated based on the March 2012 version of JP 1-02. All of the definitions for times were dispersed throughout the document. For example the definition for “C-day” may be found with the definitions starting with “C”.

**triage:** The medical sorting of patients according to type and seriousness of injury, likelihood of survival, and the establishment of priority for treatment and/or evacuation to assure medical care of the greatest benefit to the largest number. The categories are: **MINIMAL (OR AMBULATORY)** — those who require limited treatment and can be returned to duty; **IMMEDIATE**—patients requiring immediate care to save life or limb; **DELAYED**—patients who, after emergency treatment, incur little additional risk by delay or further treatment; and **EXPECTANT**—patients so critically injured that only complicated and prolonged treatment will improve life expectancy. (2) The evaluation and classification of casualties for purposes of treatment and evacuation. It consists of the immediate sorting of patients according to type and seriousness of injury and likelihood of survival, and the establishment of priority for treatment and evacuation to assure medical care of the greatest benefit to the largest number. (ATTP 4-02)

## U

**unconventional warfare (UW):** A broad spectrum of military and paramilitary operations, normally of long duration, predominantly conducted through, with, or by indigenous or surrogate forces who are organized, trained, equipped, supported, and directed in varying degrees by an external source. It includes, but is not limited to, guerrilla warfare, subversion, sabotage, intelligence activities, and unconventional assisted recovery. (JP 3-05)

**unified command:** A command with a broad continuing mission under a single commander and composed of significant assigned components of two or more Military Departments that is established and so designated by the President, through the Secretary of Defense with the advice and assistance of the Chairman of the Joint Chiefs of Staff. (JP 1)

**Unified Command Plan (UCP):** The document, approved by the President, that sets forth basic guidance to all unified combatant commanders; establishes their missions, responsibilities, and force structure; delineates the general geographical area of responsibility for geographic combatant commanders; and specifies functional responsibilities for functional combatant commanders. (JP 1)

**uniformed services:** The Army, Navy, Air Force, Marine Corps, Coast Guard, National Oceanic and Atmospheric Administration, and Public Health Services. (JP 1-02)

**unit:** 1. Any military element whose structure is prescribed by competent authority, such as a table of organization and equipment; specifically, part of an organization. 2. An organization title of a subdivision of a group in a task force. 3. A standard or basic quantity into which an item of supply is divided, issued, or used. In this meaning, also called **unit of issue**. 4. With regard to Reserve Components of the Armed Forces, denotes a Selected Reserve unit organized, equipped, and trained for mobilization to serve on active duty as a unit or to augment or be augmented by another unit. Headquarters and support functions without wartime missions are not considered units. (JP 1-02)

**unit identification code (UIC):** A six-character, alphanumeric code that uniquely identifies each Active, Reserve, and National Guard unit of the Armed Forces. (JP 1-02)

**unit line number (ULN):** A seven-character alphanumeric code that describes a unique increment of a unit deployment, i.e., advance party, main body, equipment by sea and air, reception team, or trail party, in a Joint Operation Planning and Execution System time-phased force and deployment data. (JP 1-02)

**unit type code (UTC):** A Joint Chiefs of Staff developed and assigned code, consisting of five characters that uniquely identify a “type unit.” (JP 4-02)

**Universal Joint Task List (UJTL):** A menu of capabilities (mission-derived tasks with associated conditions and standards, i.e., the tools) that may be selected by a joint force commander to accomplish the assigned mission. Once identified as essential to mission

accomplishment, the tasks are reflected within the command joint mission essential task list. (JP 3-33)

**Universal Time (ZULU time):** A measure of time that conforms, within a close approximation, to the mean diurnal rotation of the Earth and serves as the basis of civil timekeeping. Universal Time (UT1) is determined from observations of the stars, radio sources, and also from ranging observations of the moon and artificial Earth satellites. The scale determined directly from such observations is designated Universal Time Observed (UTO); it is slightly dependent on the place of observation. When UTO is corrected for the shift in longitude of the observing station caused by polar motion, the time scale UT1 is obtained. When an accuracy better than one second is not required, Universal Time can be used to mean Coordinated Universal Time. Formerly called Greenwich Mean Time. (JP 1-02)

**unstable patient:** A patient whose physiological status is in fluctuation, emergent, treatment and/or surgical intervention are anticipated during treatment or evacuation, and the patient's rapidly changing status and requirements are beyond the standard en route care capability and requires medical/surgical augmentation. (JP 4-02)

## W

**warning order (WARNORD):** 1. A preliminary notice of an order or action that is to follow. 2. (A planning directive that initiates the development and evaluation of military courses of action by a supported commander and requests that the supported commander submit a commander's estimate. 3. A planning directive that describes the situation, allocates forces and resources, establishes command relationships, provides other initial planning guidance, and initiates subordinate unit mission planning. (JP 3-33)

**war reserve materiel requirement:** That portion of the war materiel requirement required to be on hand on D-day. This level consists of the war materiel requirement less the sum of the peacetime assets assumed to be available on D-day and the war materiel procurement capability. (JP 4-02)

**W-day:** Declared by the President, W-day is associated with an adversary decision to prepare for war (unambiguous strategic warning). (JP 3-02.1)

**wellness:** Force health protection program that consolidates and incorporates physical and mental fitness, health promotion, and environmental and occupational health. (JP 4-02)

**wounded in action (WIA):** A casualty category applicable to a hostile casualty, other than the victim of a terrorist activity, who has incurred an injury due to an external agent or cause. The term encompasses all kinds of wounds and other injuries incurred in action, whether there is a piercing of the body, as in a penetration or perforated wound, or none, as in the contused wound. These include fractures, burns, blast concussions, all effects of biological and chemical warfare agents, and the effects of an exposure to ionizing radiation or any other destructive weapon or agent. The hostile casualty's status may be categorized as "very seriously ill or injured," "seriously ill or injured," "incapacitating illness or injury," or "not seriously injured." (Medical Planning Term)