



Department of Defense INSTRUCTION

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USD(P&R)

SUBJECT: Military Health Support for Stability Operations

- References:
- (a) DoD Directive 5124.02, "Under Secretary of Defense for Personnel and Readiness (USD(P&R))," June 23, 2008
 - (b) DoD Instruction 3000.05, "Stability Operations," September 16, 2009
 - (c) DoD Directive 5136.01, "Assistant Secretary of Defense for Health Affairs (ASD(HA))," June 4, 2008
 - (d) Joint Publication 1-02, "Department of Defense Dictionary of Military and Associated Terms," current edition

1. PURPOSE. This Instruction establishes policy, assigns responsibilities, and provides instructions for military health support of stability operations in accordance with the authority in Reference (a). Military health support for stability operations is hereafter referred to as medical stability operations (MSOs).

2. APPLICABILITY. This Instruction applies to OSD, the Military Departments, the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the Department of Defense (hereafter referred to collectively as the "DoD Components").

3. DEFINITIONS. See Glossary.

4. POLICY. It is DoD policy that:

a. MSOs are a core U.S. military mission that the DoD Military Health System (MHS) shall be prepared to conduct throughout all phases of conflict and across the range of military operations, including in combat and non-combat environments. MSOs shall be given priority comparable to combat operations and be explicitly addressed and integrated across all MHS activities including doctrine, organization, training, education, exercises, materiel, leadership, personnel, facilities, and planning in accordance with Reference (b).

b. The MHS shall be prepared to perform any tasks assigned to establish, reconstitute, and maintain health sector capacity and capability for the indigenous population when indigenous, foreign, or U.S. civilian professionals cannot do so.

c. The MHS shall be prepared to work closely with relevant U.S. Government departments and agencies, foreign governments and security forces, global and regional international organizations (IOs), U.S. and foreign nongovernmental organizations (NGOs), and private sector individuals and for-profit companies (hereafter referred to as "Private Sector").

d. DoD health care personnel shall not practice outside their scope of privileges and their profession's scope of practice.

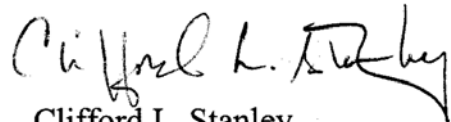
e. Personally identifiable information collected and utilized in the execution of this Instruction shall be safeguarded to the extent applicable.

f. MSOs shall be conducted with the funding available for those purposes.

5. RESPONSIBILITIES. See Enclosure.

6. RELEASABILITY. UNLIMITED. This Instruction is approved for public release and is available on the Internet from the DoD Issuances Website at <http://www.dtic.mil/whs/directives>.

7. EFFECTIVE DATE. This Instruction is effective immediately.



Clifford L. Stanley
Under Secretary of Defense for
Personnel and Readiness

Enclosures
Responsibilities
Glossary

ENCLOSURE

RESPONSIBILITIES

1. ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS (ASD(HA)). The ASD(HA), pursuant to DoD Directive 5136.01 (Reference (c)), and under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness (USD(P&R)), shall:

- a. Develop and implement MSO policy options for the Secretary of Defense.
- b. Implement a joint and combined MSO education and training program that promotes interoperability and information sharing with relevant U.S. Government departments and agencies, foreign governments and security forces, IOs, NGOs, and members of the Private Sector, in coordination with the Chairman of the Joint Chiefs of Staff.
- c. Represent the Secretary of Defense on MSO policy and strategy with other U.S. Government departments and agencies, including the State Department's Coordinator for Reconstruction and Stabilization, foreign governments, IOs, NGOs, and members of the Private Sector, in coordination with the USD(P&R).
- d. Identify DoD-wide MSO capabilities and gaps and recommend priorities to the Secretary of Defense.
- e. Ensure that MHS research, development, and acquisition activities address MSO capabilities and are integrated in coordination with the Under Secretary of Defense for Acquisition, Technology, and Logistics (USD(AT&L)).
- f. Establish health standards of care and technical supervision over the MHS in stability operations.
- g. Develop and provide opportunities for personnel from other U.S. Government departments and agencies, foreign governments, IOs, and NGOs to participate in DoD training related to MSOs and in non-DoD education and training programs relevant to health, including stability operations, security cooperation, humanitarian assistance, disaster response, irregular warfare, health diplomacy, and health sector capacity building.
- h. Identify and provide opportunities for MHS personnel to contribute or develop stability operations skills by:
 - (1) Participating in non-DoD education and training programs relevant to MSOs.
 - (2) Undertaking tours of duty in other U.S. Government departments and agencies, IOs, and NGOs.

i. Collect and research MSO “best practices” and doctrine from existing U.S. Government agencies and public and private collaborations when developing MSO policy guidance.

j. Develop measures of effectiveness that evaluate progress in achieving the MSO goals.

k. Coordinate with the Under Secretary of Defense (Comptroller)/Chief Financial Officer (USD(C)/CFO) to determine and address resource requirements for planning and training and execution of MSOs.

l. Conduct analyses that generate input for health policy decisions, procedures, and standards; provide advice; and make recommendations to the USD(P&R) and the Secretary of Defense regarding MSOs.

2. UNDER SECRETARY OF DEFENSE FOR POLICY (USD(P)). The USD(P) shall, in coordinating activities pursuant to Reference (b), consider the aspects and appropriateness of MSOs.

3. USD(C)/CFO. The USD(C)/CFO shall, consistent with Reference (b), ensure the planning, programming, budgeting, and execution process that addresses resource requirements for MSOs.

4. ASSISTANT SECRETARY OF DEFENSE FOR NETWORKS AND INFORMATION INTEGRATION/DoD CHIEF INFORMATION OFFICER (ASD(NII)/DoD CIO). The ASD(NII)/DoD CIO shall, consistent with Reference (b), assist the ASD(HA) with implementing and standardizing information sharing using Web 2.0 technology.

5. SECRETARIES OF THE MILITARY DEPARTMENTS. The Secretaries of the Military Departments shall:

a. Appoint a senior medical department officer to champion MSO initiatives.

b. Develop MSO capabilities by organizing, equipping, and training medical personnel to effectively execute MSOs.

c. Ensure that curriculums in individual and unit training programs and Service schools prepare personnel for joint, interagency, and coalition MSOs.

d. Support MSO joint concept development, experimentation, and capability development.

e. Ensure research, development, and acquisition programs address MSO capabilities and are integrated, in coordination with the USD(AT&L).

f. Support, as appropriate, interagency requests for personnel and assistance to bolster the capabilities of U.S. Government departments and agencies to prepare for and conduct MSOs as appropriate, in coordination with the USD(P).

g. Ensure public affairs programs effectively support MSOs.

h. Develop measures of effectiveness that evaluate progress in achieving the goals listed in paragraphs 5.b through 5.g. of this enclosure.

6. CHAIRMAN OF THE JOINT CHIEFS OF STAFF. The Chairman of the Joint Chiefs of Staff shall:

a. Identify MSO capabilities and assess their development.

b. Develop MSO joint doctrine in consultation with relevant DoD Components, U.S. Government departments and agencies, foreign governments and security forces, IOs, NGOs, and members of the Private Sector.

c. Provide annual training guidance that addresses MSO capabilities and analyze training results.

d. Support the USD(P) and the ASD(HA) and appropriate U.S. Government departments and agencies through participation in U.S. Government and multinational stability operations planning processes.

7. COMMANDERS OF THE GEOGRAPHIC COMBATANT COMMANDS. The Commanders of the Geographic Combatant Commands, through the Chairman of the Joint Chiefs of Staff, shall:

a. Identify MSO requirements.

b. Incorporate MSOs into campaign plans; theater security cooperation plans; military training, exercises, and planning, including intelligence campaign plans; and intelligence support plans.

c. Engage relevant U.S. Government departments and agencies, foreign governments and security forces, IOs, NGOs, and members of the Private Sector in MSO planning, training, and exercising, as appropriate, in coordination with the Chairman of the Joint Chiefs of Staff, the USD(P), and the ASD(HA).

d. Submit MSO ideas and issues to the Commander, U.S. Joint Forces Command (USJFCOM), for further exploration as part of the joint experimentation program.

e. Ensure unity of command and unity of effort for health engagement activities within their command and subordinate theater of operations.

8. COMMANDER, USJFCOM. The Commander, USJFCOM, through the Chairman of the Joint Chiefs of Staff, shall:

a. Explore new MSO concepts and capabilities as part of the joint concept development and experimentation program, in coordination with the USD(P) and the Chairman of the Joint Chiefs of Staff.

b. Develop organizational and operational concepts for the military-civilian teams described in Reference (b) including their composition, staffing, and sourcing in coordination with relevant DoD Components, U.S. Government departments and agencies, foreign governments, IOs, NGOs, and members of the Private Sector.

c. Establish, design, and conduct modeling and simulations to identify innovative ideas for MSOs, in coordination with the Combatant Commanders, the Secretaries of the Military Departments, the USD(P), and the Chairman of the Joint Chiefs of Staff.

d. Support Combatant Commander MSO training and ensure forces assigned to USJFCOM are trained for MSOs, to include medical support of forces engaged in stability operations in remote, austere, and inhospitable environments.

e. Gather and disseminate lessons-learned from MSOs.

f. Participate in the Defense science and technology planning process to ensure MSO requirements are supported by Defense technology objectives and advanced concept technology demonstrations (ACTDs). Recommend sponsors for ACTDs as appropriate.

g. Participate in the Defense operational test and evaluation planning process to ensure MSO requirements are supported by joint test and evaluations (JT&Es) programs. Recommend sponsors for JT&Es as appropriate.

h. Develop joint public affairs capabilities for MSOs.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

ACTD	advanced concept technology demonstration
ASD(HA)	Assistant Secretary of Defense for Health Affairs
ASD(NII)/DoD CIO	Assistant Secretary of Defense for Networks and Information Integration/DoD Chief Information Officer
IO	international organization
JT&E	joint test and evaluation
MHS	Military Health System
MSO	medical stability operation
NGO	nongovernmental organization
USD(AT&L)	Under Secretary of Defense for Acquisition, Technology, and Logistics
USD(C)/CFO	Under Secretary of Defense (Comptroller)/Chief Financial Officer
USD(P)	Under Secretary of Defense for Policy
USD(P&R)	Under Secretary of Defense for Personnel and Readiness
USJFCOM	United States Joint Forces Command

PART II. DEFINITIONS

DoD MHS. For the purposes of this Instruction, the DoD medical and dental programs, personnel, facilities, and other assets by which the Department of Defense provides health care services and support to the Military Services during military operations and health care services and support under TRICARE to members of the Military Services, their family members, and others entitled to DoD medical care.

stability operations. Defined in Joint Publication 1-02 (Reference (d)).