

NAVAL WAR COLLEGE
Newport, RI

THE ROLE OF THE JOINT MISSION ESSENTIAL TASK LIST (JMETL)
IN THE FUTURE OF MILITARY MEDICINE

by

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A paper submitted to the Faculty of the Naval War College in partial satisfaction of the requirements of the Department of Operations.

The contents of this paper reflect my own personal views and are not necessarily endorsed by the Naval War College or the Department of the Navy.

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16 June 1995

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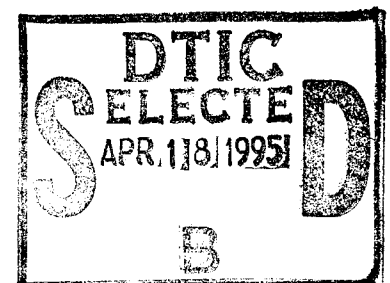
Faculty Advisor

Date

19950417 025

1. Report Security Classification: Unclassified			
2. Security Classification Authority: N/A			
3. Declassification/Downgrading Schedule: N/A			
4. Distribution/Availability of Report: DISTRIBUTION STATEMENT A: APPROVED FOR PUBLIC RELEASE; DISTRIBUTION IS UNLIMITED.			
5. Name of Performing Organization: Joint Military Operations Department			
6. Office Symbol: 1C		7. Address: Naval War College, 686 Cushing Rd., Newport, RI 02841-1207	
8. Title (Include Security Classification): The Role of the Joint Mission Essential Task List (JMETL) in the Future of Military Medicine (Unclassified)			
9. Personal Author(s): CDR Diana M. Novak, MSC, USN			
10. Type of Report: Final		11. Date of Report: 13 February 1995	
12. Page Count: 28			
13. Supplementary Notation: A paper submitted to the Faculty of the Naval War College in partial satisfaction of the requirements of the Joint Military Operations Department. The contents of this paper reflect my own personal views and are not necessarily endorsed by the Naval War College or the Department of the Navy.			
14. Ten key words that relate to your paper: Military medicine, Humanitarian assistance, Joint Mission Essential Task List, Universal Joint Task List (UJTL), joint capabilities, USACOM mission			
15. Abstract: Humanitarian assistance and disaster relief are ways for operational commanders to maintain peace, security and stability throughout the world. Military medicine is faced with the challenge of finding new ways to increase its joint capabilities to support the operational commanders during future humanitarian assistance missions. The Joint Mission Essential Task List (JMETL) is a powerful new planning process that can provide a basis for medical planners and decision makers from all services to think about long-range joint medical missions, and ultimately, future joint capabilities. Operational commanders can use the Joint Training Master Plan to integrate medical elements into their structure. Joint readiness can exist only when all forces, combat and medical, anticipate their missions, then plan, train and prepare for their execution.			
16. Distribution / Availability of Abstract: Unlimited	Unclassified XXXXXX	Same As Rpt	DTIC Users
18. Abstract Security Classification: Unclassified			
19. Name of Responsible Individual: Chairman, Joint Military Operations Department			
20. Telephone: (401) 841-3414/4120		21. Office Symbol: 1C	

Security Classification of This Page: UNCLASSIFIED



Abstract for

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In today's environment, the U.S. National Military Strategy cannot ignore the continuing struggle to improve the human condition throughout the world. The U.S. armed forces have responded on repeated occasions in the past to provide humanitarian assistance, and this mission will grow increasingly important since many countries in the developing world suffer from the breakdown of governmental authority and social chaos. Humanitarian assistance and disaster relief operations are ways for operational commanders to maintain peace, security and stability throughout the world. Military medicine is faced with the challenge of finding new ways to increase its joint capabilities to support the operational commander during future humanitarian assistance missions. The Joint Mission Essential Task List is a powerful new planning process that can provide a basis for medical planners and decision makers from all services to think about long-range joint medical missions, and ultimately, future joint capabilities. Operational commanders can use the Joint Training Master Plan to integrate medical elements into their structure. Joint readiness can exist only when all forces, combat and medical, anticipate their missions then plan, train and prepare for their execution.

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**The Role of the Joint Mission Essential Task List (JMETL)
In The Future of Military Medicine**

The end of the Cold War marked the beginning of an era that demands military plans and responses adapt readily to the unforeseen and unexpected. Disasters are often "unforeseen and unexpected," resulting from sudden events such as earthquakes and floods, or emergencies growing out of famines and civil wars.¹ The military is often regarded as a cornucopia of assistance during humanitarian operations. Military capabilities most associated with disaster preparedness and humanitarian assistance are communications, transportation, logistics, intelligence, engineering and medicine.² Emergency relief missions by uniformed medical personnel for civilian populations affected by disasters and armed conflict have become more common and longer in duration than have exclusive medical support missions for troops during major combat actions.³ Despite the ability of military medical forces to provide emergency care for thousands of people in disaster-affected areas, medical forces have limited ability to provide the essential primary health care needs or implement public health programs in populations affected by disasters and war. Medical experts are concerned that the increased tempo of peacetime commitments will reinforce the preoccupation with current problems to the exclusion of reviewing "medical lessons learned" from previous humanitarian

assistance operations and preparing for future challenges.^{4,5}

It has been suggested that military medicine should reorganize and restructure in order to provide humanitarian medical care.^{6,7} Others argue that military medicine should not be configured to deviate very far from its basic combat support mission of caring for injured troops and preventing diseases. The military should make the most appropriate use of its medical capabilities in humanitarian assistance operations, but the majority of medical assistance should be left to the numerous private relief organizations that are trained and equipped to respond to disasters.^{8,9,10,11,12}

These differing viewpoints among military professionals pose a serious question for the armed forces medical community. How should military medicine prepare to support the combatant commander in future humanitarian operations? This question is both compelling and complex, and without an easy or straightforward answer. Yet, decisions will have to be made. As with many important issues, the way in which this question is answered is as important as the exact nature of the answer itself. Part of the answer lies in the use of a powerful new planning process that identifies and prioritizes the training needs of all combatant commanders and shapes the entire joint training plan of the U.S. military - the Joint Mission Essential Task List (JMETL).

The Joint Mission Essential Task List

The Joint Mission Essential Task List (JMETL) is a tool that can help military medicine define its mission and joint training requirements for humanitarian assistance, as well as other operations. The JMETL directs all joint training for U.S. Armed Forces. The military medical community, however, may be unaware of its existence and importance.

The mission of military medicine in any operation is to provide the war-fighting Commander-in-Chief (CINC) with the capabilities he needs to accomplish his mission. The CINC's JMETL is a comprehensive list of joint supporting tasks the CINC considers essential for accomplishment of his assigned missions.¹³ The medical community of each service must understand the JMETL in order to understand how it must be prepared to contribute "jointly" to the CINC's overall plans. In the past, each service developed medical doctrine and training requirements, as well as allocated resources, primarily for the benefit of the individual service. The JMETL is a tool the military medical communities can and should use to develop joint doctrine and training requirements. Joint medical doctrine and long-range planning, including organizing, equipping and training medical forces, should be linked to recognized national security and military strategies and the military missions of the CINC.

The Military's New Mission - Humanitarian Assistance

In 1991, Global War Games played at the Naval War College, Newport, RI, postulated that much of the future U. S. peacetime engagement strategy would be built around humanitarian assistance operations.¹⁴ Long-range planners and policy analysts have identified humanitarian assistance as one of the twelve "probable operating environments" in which U.S. Armed Forces could be employed in the twenty-first century.¹⁵

Today, the military is more heavily engaged in humanitarian operations than at any previous time. The delivery of emergency relief, including medical assistance, has been a primary mission of the military in Iraq, Somalia, Bangladesh, and more recently in Rwanda and Zagreb, Croatia.^{16,17} The growing non-military role of the Armed Forces in relief missions has prompted concern from senior military and civilian officials that involvement in prolonged humanitarian efforts will reduce combat readiness.^{18,19,20} They argue that resources should be spent only to recruit, organize, train and equip the military to deter and defeat enemies of the United States. Non-military roles such as humanitarian assistance should not define the Armed Forces.²¹ There also is concern at the JCS level over the possible duplication of medical efforts between the military and private relief organizations.²²

Despite this debate, the current U. S. National Security Strategy and National Military Strategy assign U.S. forces non-

military roles of providing emergency food, shelter, medical care and security to our friends, allies and those in need of humanitarian aid.^{23,24} Recent events such as the publication of multi-service procedures for humanitarian assistance operations²⁵ and the creation of a new position in the Pentagon to deal specifically with disaster relief,²⁶ point to the growing importance of the military in humanitarian assistance operation. From all indications, humanitarian assistance has become an essential capability of the U.S. military. But what part will military medicine play in future operations?

The Joint Mission Essential Task List (JMETL)- How Does it Translate into Medical Training Requirements?

The National Command Authority (NCA), through the Joint Strategic Capabilities Plan, the Unified Command Plan and other NCA taskings, has directed each combatant commander to be prepared to conduct humanitarian assistance operations.²⁷ U. S. forces, including medical personnel, must be properly trained and prepared to execute such this mission.

In April 1993, the Secretary of Defense approved a recommendation by the Chairman, Joint Chiefs of Staff (CJCS), to create a new command, U.S. Atlantic Command (USACOM), to conduct joint training of forces for intervention in regional crisis, including peacekeeping and disaster relief operations.²⁸ The intent of the CJCS was to meet the challenges of a smaller, less costly force, by realizing the

force-multiplier potential of a joint training program - particularly regularly scheduled, major joint exercises.

In order to enhance the operational readiness of his forces, each combatant commander is tasked to identify annual joint training requirements and develop joint training plans.²⁹ The JMETL is the result of these taskings. For humanitarian assistance and other assigned missions, the CINCs and their staffs go through an analysis process to identify military capabilities, or joint mission essential tasks, required to execute their missions. While providing a basic foundation for joint training, the joint planning conducted by a combatant commander and his staff is not enough, by itself, to develop fully joint training requirements. Joint training requirements are a product of the cumulative joint planning effort of the CINC and his staff, his subordinate commanders (eg) Service Component Commanders and Joint Task Force Commanders, and their subordinate commanders (eg) component and unit commanders. Joint training requirements should reflect the sum total (i.e. across all levels of command) of joint capabilities required to execute an assigned mission.³⁰

Medical capabilities are a vital part of the "sum total" that identify joint training requirements in the JMETL. The medical community can provide input to the JMETL from all planning levels. At the strategic level, the joint medical community (J-4) must clearly articulate joint health service support doctrine. Medical advisors for the operational and

tactical unit commanders also must have input into the JMETL. For humanitarian assistance operations, the CINC will require certain medical capabilities in order to accomplish his mission. Medical forces will be needed to either provide health service support to the troops; provide emergency medical relief to the disaster-affected populace, or a combination of both. It is imperative that the JMETL identify the need to train for all three contingencies. From the specific requirements listed in the JMETL, joint training events are developed, resources are applied, and joint exercises occur.

The Universal Joint Task List - The Template for the JMETL

In 1993, the Joint Staff developed and approved a Universal Joint Task List (UJTL) to assist the combatant commanders in the refinement of their JMETL.³¹ The UJTL is a computer-based management tool which provides a common language for the CINCs to use when defining joint training requirements and prioritizing training needs. The UJTL provides a listing of tasks that describe the capabilities of U.S. Armed Forces. The tasks are defined as either Joint, Supporting or Enabling to distinguish one task from the others and to avoid confusion about which task requires joint training. The tasks in the UJTL identify "what" must be accomplished as part of the CINC's mission, not "how" the task is to be accomplished or by "whom."

Humanitarian and disaster relief assistance, including medical assistance, are tasks in the UJTL that all combatant commanders have selected for inclusion in their JMETL.³² Tasks selected by two or more CINCs are identified as Common Joint Tasks. The compiled list of Common Joint Tasks becomes the JMETL of USACOM, which is used to develop a Joint Training Master Plan (JTMP) for all CINCs.³³ USACOM uses the JTMP to allocate available resources to train deployable Joint Task Force (JTF) and component commanders in joint doctrine, tactics, techniques and procedures tailored to the supported CINC's requirements. Joint training focuses on specific contingencies and operations, such as humanitarian assistance, that joint forces may be called upon to execute.

How Can the JMETL Help Military Medicine Prepare for the Future?

Understand the Universal Task List. One of the first steps in the development of the JMETL is to ensure that the meaning of each task in the UJTL is understood. Medical personnel need to know how to use the UJTL to identify medical tasks at all levels and to advise the CINC on the capabilities and limitations of their Service component to accomplish these medical tasks. An example of a task listed in the UJTL at the strategic theater (ST) level that involves medical support is Enabling Task (ST 2.2.3) "to conduct humanitarian assistance and disaster relief." This Enabling Task reads as follows:

To anticipate and respond promptly to alliance and regional requests for assistance to such events as

flooding, earthquakes, hurricanes, typhoons, or other natural disasters. CINCS anticipate these events from their knowledge of current conditions or historical patterns and prepare contingency plans, forces, and equipment for rapid response to requests.... This task includes providing assistance before, during or after hostile action or natural or man-made disasters to reduce the probability of damage, minimize its effects and initiate recovery. Activities include... surveying the disaster area, prioritizing needs, and providing health services, communications, shelter, subsistence, water... and so forth.³⁴

Another Enabling Task (ST 2.2.4) is "to conduct humanitarian and civic assistance." This is a distinct program that requires a long-term medical presence. This task requires military forces to be trained and prepared to "assist nations in the theater with medical, dental and veterinary care (in rural, coastal or outlying island areas)."³⁵ This task requires different medical capabilities than those needed for emergency disaster relief or health service support to military troops. The JMETL should specify and prioritize the training requirements for each of these tasks. The medical community must have a complete understanding of the tasks the CINC has selected from the UJTL in order to ensure that joint and individual service doctrines address these required tasks.

Understand the Mission. Medical personnel must carefully examine the combatant commander's mission statement for humanitarian assistance operations. A mission statement may direct broad medical intervention (to include refugees and civilians) or it may limit medical support to troops and relief workers. It is imperative that medical forces have a

clear and achievable mission statement so that joint taskings for the many participating health support and medical logistic units can be rendered. Once military medicine has a clearly defined mission, then previous problem areas - - such as refugee care, public health assistance programs, use of civil affairs personnel and reserve assets, coordination with non-governmental organizations, level of medical care needed, disease surveillance needs, etc. - - can be addressed and resolved.

At the Joint Staff level (J-4), the Medical Readiness Division is currently working on joint mission essential tasks lists for medical capabilities primarily associated with operations other than war, including humanitarian assistance operations.³⁶ This proactive planning at the Joint Staff is in response to the JMETLs. The U.S. Army has augmented the Medical Readiness staff at J-7 with a Preventive Medicine specialist whose main job is to identify joint preventive medicine capabilities at the strategic, operation and tactical levels. It has been recognized that military medicine can contribute significantly to the public health efforts of private relief organizations through its versatile preventive medicine capabilities. The majority of humanitarian operations deal with public health issues such as provision of potable water, sanitation, immunizations, communicable disease control, disease surveillance and care of displaced refugees (predominantly women and children).³⁷ By identifying joint

preventive medicine tasks, the medical community can strengthen the ability of the CINC to accomplish humanitarian assistance missions.

Preventive medicine specialists are also assigned to the staff of most geographic CINCs.³⁸ These specialists, presently all Army officers, along with the staff surgeon, are included in the CINC's daily operational planning. These medical officers have an excellent opportunity to define clearly the mission of joint medical forces and to provide input to the CINC on future training requirements.

In 1992, a Navy preventive medicine physician was assigned to the staff of the Commanding General of all three Marine Expeditionary Forces (MEF).³⁹ This decision indicates the high priority the Navy and Marine Corps place on operational preventive medicine support.

These preventive medicine specialists, in addition to the staff surgeon and medical planners, must be keenly aware of the JMETL and how the annual training plan affects the present and future needs of military medicine. An understanding of the JMETL can facilitate early identification of problems at the tactical level, such as insufficient amount of immunizations available for refugee populations; at the operational level, (for example, inadequate number of preventive medicine assets or primary care physicians to accomplish the mission); and at the strategic level (insufficient funding or lack of medical doctrine for

operations other than war). Further, an understanding of the JMETL can alert both the CINC and the medical community to future areas of concern.

Understand the CINC's Intent for Medical Forces. The CINC staff, as well as subordinate commanders, must be aware of the CINC's intent for use of medical resources. The JMETL prioritizes the CINC's training requirements, which in turn defines his intent. Operational commanders may not be aware of the limitations of available medical assets. In the past, training exercises involving medical forces were not designed to help the recipients.^{40,41,42,43} Real problems associated with humanitarian assistance operations were not addressed in training exercises. Many medical professionals felt that the CINCs placed a low priority on medical training requirements.^{44,45} The JMETL is designed to make commanders at all levels aware of the CINC's intent for medical requirements to conduct humanitarian assistance operations. Medical personnel must take every opportunity to educate the operational commanders on medical capabilities and limitations and how these affect their mission.

Military Medicine's Participation in Joint Training Exercises

After the joint master training plan is developed, unified and specified commands conduct joint training based on priorities identified in the JMETL. It is during joint training exercises that medical personnel can refine their capabilities, identify limitations, and assess future needs.

Military medicine should use the JMETL to identify and refine ways of providing the CINCs with packages of medical capabilities closely tailored to their requirements. Medical planners should be able to assist the CINCs in designing and training these joint medical capabilities packages. Joint training exercises should make it easier for the CINC to call forward only the specific medical capabilities he needs during a humanitarian assistance operation in his area of responsibility. A task-organized joint medical unit that is ready to move out on short notice is capable of the time-sensitive response often needed in a disaster.

Putting together a truly joint (not tri-service) medical system in a remote location is a challenge. The traditional "stovepipe" approach to medical readiness training is no longer adequate. In the past, Army, Navy and Air Force medical personnel trained separately and met for the first time in the middle of a real emergency situation.⁴⁶ Joint training exercises provide a forum for medical personnel from all services to sharpen their skills and define their most appropriate role in future humanitarian assistance operation.

Humanitarian assistance operations have different objectives than combat operations. Additionally, the professional medical skills required to conduct a population-based civilian disaster response are different from the skills needed to provide medical support for troops during combat.⁴⁷ Training exercises need to focus on a variety of medical

scenarios for humanitarian assistance operations, based on specific situations in the CINC's area of operation.

Two of the most critical staff members during a humanitarian assistance operation are the Joint Task Force (JTF) Surgeon and the Preventive Medicine Officer. These medical officers should have an understanding of the tasks required by the CINC in order to provide adequate medical support during humanitarian assistance missions. Relief missions are often conducted in areas where the biggest enemy is disease. Medical advice during operational planning is critical for protecting military forces in remote or disaster-affected areas and for determining appropriate relief requirements for the affected population. During the recent joint operation in Haiti, the JTF Preventive Medicine Officer was not fully integrated in the planning process. As a result, communicable diseases and dysentery threatened to compromise the health and readiness of U.S. and multi-national forces.⁴⁸ The JMETL is a way for operational commanders to ensure that preventive medicine personnel are included in future joint training exercises and in all planning phases of humanitarian assistance operations.

One of the major problems identified by medical personnel during previous humanitarian assistance operations was the lack of coordination between the military and private relief organizations.^{49, 50, 51} To minimize confusion and fear expressed by private relief organizations over the involvement

of Armed Forces in humanitarian operations, operational commanders need to provide a forum for these organizations to work together prior to an actual emergency. The JMETL is an excellent place for the CINC to justify the need to include representatives from private relief organizations in future training exercises. Uniformed medical personnel need to be familiar with the capabilities and limitations of these organizations. Joint training exercises provide an excellent opportunity to include representatives from private relief organizations in order to test and refine interagency relationships. The Commanding General of the I MEF is presently planning a joint exercise involving a humanitarian assistance operation, Emerald Express 95, and is including representatives from the military, U.N., and private relief agencies in the planning and execution of the exercise. This visionary concept will act as a force multiplier by increasing coordination in peacetime with these organizations and preventing duplication of relief work during an actual emergency.^{52, 53}

Medical Input to JMETL Revisions

After completion of the exercise, the CINCs and their staffs evaluate the effectiveness of training conducted under their annual training plan. This evaluation process is critical to subsequent revisions to the JMETL. Medical personnel must be included during the evaluation process in order to recommend changes for future exercises. Medical

personnel can provide input on developing measures of effectiveness for humanitarian assistance operations in order to evaluate the adequacy and appropriateness of the training exercise. Recommendations for improvement within the individual medical departments must be made if standards are not met. Military medical personnel also must identify limitations in training, equipment, and staffing that directly impact their ability to support the CINC's mission. The "lessons learned" from training exercises, as well as those from previous humanitarian assistance operations, should be reviewed by all services to determine if joint or individual service medical doctrine needs to be revised or if service components need to acquire additional capabilities to support future missions of the CINC.

Conclusion

Despite controversy over the use of military forces for humanitarian assistance, the U.S. military is, and will continue to be involved in assisting populations affected by disasters. Military medicine is faced with the challenge of finding new ways to increase its capabilities to support the operational commander during future humanitarian assistance missions. The Joint Mission Essential Task List (JMETL) provides a basis for medical planners and decision makers to think about long-range joint missions and, ultimately, future joint capabilities. The JMETL is a powerful tool that identifies, prioritizes and guides all joint operational

training requirements for the U.S. military. Planning and readiness are indispensable to the critical timing and flexibility requirements inherent in disaster situations. The JMETL provides military medicine with a clearly defined mission that can be used to direct current and long-range planning in support of humanitarian assistance operations. This approach to joint planning would replace the current situation where each service shapes long-range planning to coincide with its self-defined identity. The medical community is an integral part of the CINC's team and each service needs to take responsibility for identifying itself in terms of the joint capabilities listed in the JMETL. Joint planning and training are the future, and military medicine needs to practice how it will play.

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