



Department of Defense INSTRUCTION

NUMBER 1322.24

October 6, 2011

ASD(HA)

SUBJECT: Medical Readiness Training

- Reference:**
- (a) DoD Directive 5124.02, "Under Secretary of Defense for Personnel and Readiness (USD(P&R))," June 23, 2008
 - (b) DoD Instruction 1322.24, "Medical Readiness Training," July 12, 2002 (hereby cancelled)
 - (c) DoD Directive 5136.01, "Assistant Secretary of Defense for Health Affairs (ASD(HA))," June 4, 2008
 - (d) DoD Directive 1322.18, "Military Training," January 13, 2009
 - (e) DoD Instruction 3216.01, "Use of Animals in DoD Programs," September 13, 2010

1. **PURPOSE.** In accordance with the authority in Reference (a), this Instruction reissues Reference (b) to implement policy, assign responsibilities, and prescribe procedures for developing and sustaining comprehensive systems to provide, assess, and monitor medical readiness training and medical skills training for military medical personnel deploying on military operations.

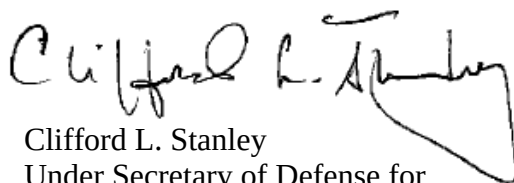
2. **APPLICABILITY.** This Instruction applies to:

a. OSD, the Military Departments (including the Coast Guard at all times, including when it is a Service in the Department of Homeland Security, by agreement with that Department), the Office of the Chairman of the Joint Chiefs of Staff (CJCS) 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 DoD (hereinafter referred to collectively as the "DoD Components").

b. The Commissioned Corps of the Public Health Service, under agreement with the Department of Health and Human Services, when detailed or assigned to DoD.

3. **DEFINITIONS.** See Glossary.

4. POLICY. It is DoD policy that appropriate training of medical personnel is the foundation for effective force health protection. Training must encompass all aspects of medical support across the range of military operations and for appropriate military support of homeland defense, civil authorities, humanitarian missions, security contingencies, and reconstruction and stabilization.
5. RESPONSIBILITIES. See Enclosure 1.
6. PROCEDURES. See Enclosure 2.
7. 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>.
8. EFFECTIVE DATE. This Instruction is effective upon its publication on the DoD Issuances Website.



Clifford L. Stanley
Under Secretary of Defense for
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Enclosures

1. Responsibilities
2. Procedures

Glossary

TABLE OF CONTENTS

ENCLOSURE 1: RESPONSIBILITIES.....	4
ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS (ASD(HA)).....	4
ASD(RA).	4
DASD(CPP).....	5
SECRETARIES OF THE MILITARY DEPARTMENTS AND THE COMMANDANT OF THE COAST GUARD.....	5
CJCS	6
ENCLOSURE 2: PROCEDURES	7
SERVICE AND JOINT MEDICAL READINESS TRAINING PROGRAMS.	7
THE MILITARY SERVICES AND THE COMMANDANT OF THE COAST GUARD	7
REVIEW PROCEDURES	7
DEPLOYMENT TRAINING	7
INTEROPERABILITY TRAINING	7
COMBATANT COMMANDERS.....	7
MEDICAL READINESS TRAINING PROGRAMS	8
MEDICAL READINESS TRAINING CRITERIA.....	8
GLOSSARY	10
PART I: ABBREVIATIONS AND ACRONYMS	10
PART II: DEFINITIONS.....	10

ENCLOSURE 1

RESPONSIBILITIES

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

- a. Oversee and direct the programs and policy implementation specified in this Instruction.
- b. Review medical readiness training annually and ensure that Active and Reserve Component (AC and RC) medical readiness training standards are consistent.
- c. In collaboration with the Assistant Secretary of Defense for Reserve Affairs (ASD(RA)), determine the length, organization, frequency, and content of military medical readiness training courses that RC members conduct or receive.
- d. In collaboration with the Deputy Assistant Secretary of Defense for Civilian Personnel Policy (DASD(CPP)), determine medical readiness training requirements for DoD and other Government agency civilian health care providers deploying to support military operations.
- e. Assist the Under Secretary of Defense for Acquisition, Technology, and Logistics, in determining medical readiness training requirements for contract health care providers who are to be deployed in support of military operations. This includes providers hired by the U.S. Government who will care for U.S. military and Government civilians, and providers hired by contractors who provide primary care services for contractor personnel.
- f. Review Military Department program objective memorandum (POM) projections and budgets for medical readiness training funding.
- g. In coordination with the CJCS, ensure that joint and interoperability medical readiness training meets Combatant Commander requirements.
- h. Ensure DoD medical personnel and capabilities are prepared to meet military and civilian health requirements in the full spectrum of military operations.

2. ASD(RA). The ASD(RA), under the authority, direction, and control of the USD(P&R), shall:

- a. Review RC medical readiness training annually and, in collaboration with the ASD(HA), assess RC compliance with medical training requirements and standards.

b. Review Military Department POM projections and budget submissions and, in collaboration with the ASD(HA), ensure that they include adequate RC medical readiness training funding and recommend reprogramming training funds as required.

3. DASD(CPP). The DASD(CPP), under the authority, direction, and control of the Assistant Secretary of Defense for Readiness and Force Management, shall:

a. Identify all DoD civilian employees in the Civilian Expeditionary Workforce program who are deploying in healthcare roles in support of military operations.

b. Coordinate with the ASD(HA) to identify medical readiness training requirements for DoD civilian healthcare workers deploying in support of military missions.

4. SECRETARIES OF THE MILITARY DEPARTMENTS AND THE COMMANDANT OF THE COAST GUARD. The Secretaries of the Military Departments and Commandant of the Coast Guard shall:

a. Issue policy and establish procedures to ensure AC and RC compliance with Enclosure 2 of this Instruction, to include:

(1) Identifying and developing medical readiness training standards to meet Military Service, Joint Staff, and Combatant Command missions and requirements.

(2) Ensuring their forces complete medical readiness training.

(3) Ensuring medical units participate in realistic training through joint and combined exercises to meet Combatant Commander requirements for health service support (HSS).

b. Program, budget, and account for the costs of implementing this Instruction across all components of their respective Department.

c. Ensure that medical skills training is conducted according to this Instruction and the criteria in DoD Directives 5136.01 and 1322.18 (References (c) and (d)).

d. Ensure that all military personnel are trained to perform basic first aid (self aid or buddy care), and that this training is sustained at appropriate intervals.

e. Ensure that deployable medical personnel complete all Department and Combatant Command requirements for medical readiness training within 12 months of arriving at their permanent duty station. As an exception, RC split option training shall be completed as soon as practicable.

5. CJCS. The CJCS shall advise the ASD(HA) on priorities for joint medical training requirements identified by Combatant Commands.

ENCLOSURE 2

PROCEDURES

1. SERVICE AND JOINT MEDICAL READINESS TRAINING PROGRAMS. Service and joint medical readiness training programs shall give priority to early deployers, but ensure that all operational medical forces receive required training prior to deployment.
2. THE MILITARY SERVICES AND THE COAST GUARD. The Military Services and the Coast Guard shall follow criteria for medical readiness training certification and training documentation process in sections 7 and 8 of this enclosure. Commanders shall document training completion.
3. REVIEW PROCEDURES. The Military Services will ensure that unit commanders review medical and non-medical readiness training status of their personnel annually. When requested, the Military Services shall provide unit level current medical readiness training status to Service or DoD leadership, including the ASD(HA), ASD(RA), and the Deputy Assistant Secretary of Defense for Readiness. The Military Services will determine how to assign responsibility for reporting medical readiness status of operational medical units that are augmented for deployment with by-name personnel assigned to other non-deployable units (e.g., Professional Filler System). Commanders of augmentees shall collaborate with commanders of augmented units to ensure that all required medical readiness training is timely, complete, and documented.
4. DEPLOYMENT TRAINING. The Military Services will ensure medical personnel with deployment assignments or identified to deploy to a military operation are trained prior to deployment. When possible, training should be conducted in the environment and with the type of equipment that the Service member will use while deployed and with the unit or a similar unit with which the Service member is scheduled to deploy or backfill.
5. INTEROPERABILITY TRAINING. CJCS-sponsored exercises shall include interoperability training, at least every 2 years, for early deploying medical forces and will span the full continuum of health care and transportation. The Military Services shall plan to support participation of medical units in this exercise.
6. COMBATANT COMMANDERS. Combatant Commanders shall include medical requirements in joint mission essential task lists and forward medical readiness training requirements for supplied medical forces through the CJCS to the ASD(HA) and the Military Departments.

7. MEDICAL READINESS TRAINING PROGRAMS. Medical readiness training programs shall include realistic individual and collective medical skills training and shall maximize the use of emerging technology, including distance learning, simulation, and virtual reality. Use of live animals in medical readiness training shall occur in accordance with DoD Instruction 3216.01(Reference (e)) and only when alternatives such as commercial training manikins, moulaged actors, cadavers, or virtual simulators are not appropriate to the training task.

8. MEDICAL READINESS TRAINING CRITERIA. Units shall document completion of initial and sustainment medical readiness training in individual training records. Minimum medical readiness training requirements are:

a. Initial Medical Readiness Training. Medical personnel shall complete Service-required initial medical readiness training.

b. Sustainment Medical Readiness Training. This training shall focus on continuing individual development, maintaining Service required medical readiness training, and emphasize collective and unit training.

(1) All military medical personnel shall train to maintain proficiency in individual medical readiness skills.

(2) All medical personnel assigned to or deploying with a medical operational platform will be familiarized on:

- (a) Threats and potential battlefield environments.
- (b) Operational concepts of operation.
- (c) Operational command, control, and communications.
- (d) Preventive medicine, including field sanitation and hygiene.
- (e) Occupational and environmental hazard recognition, mitigation, and reporting.
- (f) Combat stress control.
- (g) Identification and treatment of endemic infectious diseases.
- (h) Identification and treatment of traumatic injuries.
- (i) Aeromedical evacuation, patient and patient movement item staging.
- (j) Medical support of stability operations, humanitarian assistance activities, homeland defense and defense support of civil authorities.

(k) Recognition and medical management of chemical, biological, radiological, nuclear, and explosive injuries.

(3) Participate in realistic individual, collective, and unit medical readiness training, including joint and combined exercises or deployment.

c. Minimum Training Requirements. Minimum training requirements for joint task force (JTF) and joint force commander (JFC) component headquarters staff are:

(1) Initial Headquarters Mission Support Training. Training (or certification) is required for individuals to direct or work on a JTF or JFC Surgeon staff, or Service component or special operations forces headquarters surgeon staff. Training shall include:

- (a) Command relationships.
- (b) Command, control, and communication processes.
- (c) Joint planning and execution.
- (d) Medical intelligence.
- (e) Service, joint, and combined operations.
- (f) Health service support doctrine.
- (g) Medical support to detainee operations.
- (h) Military medical support to stability operations and humanitarian relief.
- (i) Role specific subject matter expertise skills (i.e., blood management, medical logistics, medical regulating, public health emergency management).

(2) Headquarters Mission Support Sustainment Training. Individuals are required to remain certified to direct or work on a JTF surgeon staff or Service component headquarters surgeon staff.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

AC	Active Component
ASD(HA)	Assistant Secretary of Defense for Health Affairs
ASD(RA)	Assistant Secretary of Defense for Reserve Affairs
CJCS	Chairman of the Joint Chiefs of Staff
DASD(CPP)	Deputy Assistant Secretary of Defense for Civilian Personnel Policy
HSS	health service support
JFC	joint forces commander
JTF	joint task force
POM	program objective memorandum
RC	Reserve Component
USD(P&R)	Under Secretary of Defense for Personnel and Readiness

PART II. DEFINITIONS

These terms and their definitions are for the purpose of this Instruction.

early deployer. Those units, as defined by the Service component, that deploy to an operation within the first 30 days.

headquarters mission support training. Courses, training, and exercises that orient and develop medical personnel assigned to deployable joint and Service component surgeon staffs. This includes personnel assigned to patient movement, command and control, blood program, medical logistics, medical intelligence, and medical surveillance functions.

initial medical readiness training. Service-specific requirements and training given to medical personnel during the first 12 months of assignment to their mobility unit or platform.

joint training. Military training based on joint doctrine to prepare forces and joint staffs to respond to the Combatant Commands' operational requirements to execute their assigned missions. Training has as its outcome:

Recognizing the interoperability of forces.

Understanding individual Service capabilities and limitations.

Synchronizing and integrating force capabilities.

medical personnel. Healthcare delivery personnel assigned to all units in support of all aspects of the HSS mission, or support of operational HSS throughout all military operations.

medical readiness training. Courses, hands-on training programs, and exercises designed to develop and enhance survival skills and maintain military medical skills. Medical readiness training includes individual, collective, and unit training, both initial and sustainment, required to ensure that healthcare personnel and units are capable of performing operational missions.

medical readiness training certification. A process that verifies healthcare personnel (officer and enlisted) are prepared for operational requirements. The unit commander reviews and verifies individual, collective, and unit medical readiness training, education, and experiences as a critical element of the process.

Military Services. The combined United States Army, Navy and Air Force.

operational platform. Any operational, deployable unit, unit-type code or pre-positioned asset(s). This includes personnel and deployable medical systems equipment.

sustainment medical readiness training. The training required to maintain or enhance the proficiency of individual and unit or platform skills.