

Chapter 15

MEDICAL TREATMENT AND PRISONER DETAINMENT FACILITIES

Medical and detainment facilities are necessary to support activities in the Theater of Operations. The need for such facilities is immediate, and intensifies as conflict lengthens or becomes more severe. Engineers must be prepared to support facility construction and maintenance.

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MEDICAL TREATMENT FACILITIES

Regardless of the size, intensity, or duration of a conflict, medical treatment facilities are needed in the Theater of Operations. However, the longer the anticipated duration of the conflict, the greater the need to support medical treatment through rear area fixed facilities. More forward base fixed facilities are also needed for medical units. These include Evacuation Hospitals (EVACs), combat support hospitals (CSHs), and mobile Army surgical hospitals (MASHs).

These facilities must have the capacity and degree of sophistication to treat injuries and other health problems sustained within the Theater of Operations. They must promote rapid, high-quality treatment within the theater to expedite soldiers' return to their assigned duties. In addition to US troops, US forces are responsible for the well being of enemy prisoners of war (EPW) and non-military personnel who accompany combat forces or who function within the theater, for example, the press, contractors, and the Red Cross. Emergency treatment of allied soldiers or the civilian population may also be required.

THE HEALTH SERVICE SUPPORT SYSTEM

Requirements for fixed facilities are generally restricted to the COMMZ, where hospital units do not move in conjunction with re-deployment of major tactical units. The degree of permanence may range from a temporary field hospital, to a semipermanent station hospital, to the permanent construction of a general hospital.

Site selection is the responsibility of health service support planners who in turn must coordinate with the logistics staff officer. The logistics staff officer allocates the site and coordinates the required engineer construction support. These facilities should be located so that patients from the combat zone can be easily brought in, and so that patients can be

safely transferred within the COMMZ from one medical facility to another. Location near ground transportation networks and proximity to an air terminal is therefore most desirable. Hospitals within the COMMZ may also be located to support high density troop populations.

Medical treatment facility requirements are based on estimates of inpatient and outpatient loads and the theater patient evacuation policy. This policy establishes the number of days that patients may be held within the command for treatment. Then they either return to duty or convalescence, or are evacuated to a facility outside of the command. Shortcomings in major existing hospital facilities and all new requirements must be identified so that construction or rehabilitation can begin. Except when they are located in existing structures, general and station hospitals require many weeks for development before they can function. Once established, they can be moved only with substantial difficulty and time-consuming effort. The AFCS contains bills of materials, estimates of man-hours of construction time, and plans for station and general hospital facilities and associated clinics (TMs 5-301 and 5-302).

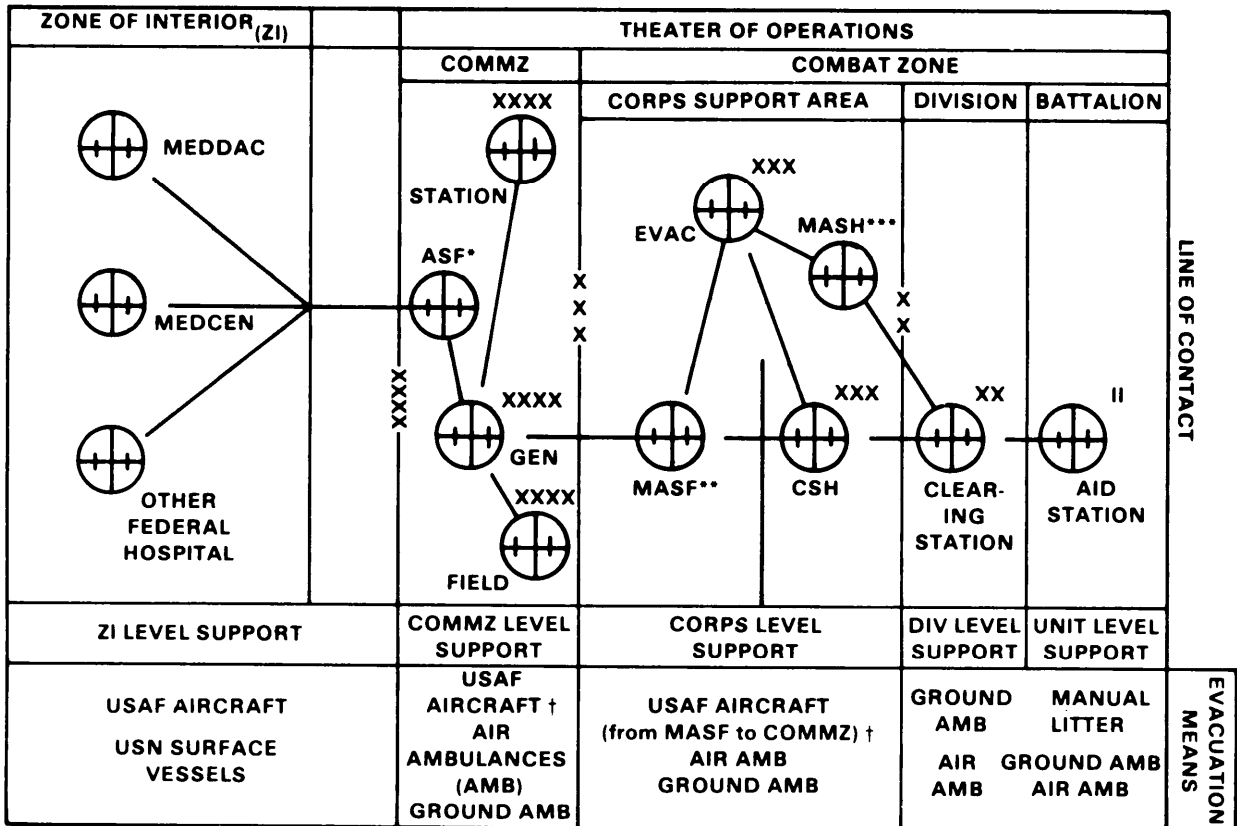
SITE RESPONSIBILITIES AND PLANNING CONSIDERATIONS

The best sites have existing utilities, such as a potable water supply, sewage disposal, and electrical power. When new construction must be initiated, the site should be a relative topographic high point, and the subsoil free-draining. The site should be isolated from areas where sanitation may be difficult, and from areas subjected to noise, smoke, odors, and other nuisances. It should, however, be located in an area that is conducive to expansion, and safe for handling large volumes of fuels (up to 50,000 gallons of JP4 or diesel contained in collapsible fabric tanks). The fuel is needed for auxiliary power generation.

The site should be located near waste collection facilities that can handle large volumes

of waste products, including edible and contaminated solids.

LEVELS OF HEALTH SERVICE SUPPORT



*ASF-Aeromedical Staging Facility (USAF)

**MASF-Mobile Aeromedical Staging Facility (USAF)

***MASH-Mobile Army Surgical Hospital

†USAF aircraft is the preferred mode of evacuation from the corps and COMMZ to the ZI.

NOTE: Critically injured or ill patients requiring life or limb saving treatment or selective surgical procedures may be evacuated by air from point of injury or onset of illness to the facility which can best satisfy their needs.

HEALTH SERVICE SUPPORT

Principles of phased construction will be enforced. Lower priority complementary facilities may include a helicopter landing site, waste collection facilities, motor pools, laundry, vehicle parking, supply receiving and shipping facilities, and recreation areas. Even though waste collection facilities have low priority at the initial planning phase, the importance of this facility increases in direct proportion to the intensity and duration of the conflict, since vast amounts of contaminated waste may be generated. Expedient methods for disposing of contaminated waste products must be considered during the initial stages of planning. Such efforts must be designed to avoid any possibility of contaminating ground water supplies. Expedient methods, whether they are landfill operations or incinerators, should be planned and located so that they enhance the operations of the medical facilities. These methods should also be planned for the semifixed facilities such as EVACs, CSHs, and MASHs to prevent them from contaminating their own

ground water supply, thus potentially exposing patients and staff to infections.

FACILITY PROTECTION

Precautionary measures taken to prevent or minimize damage as a result of natural disaster, accidents, and enemy activity are specified in the area damage control (ADC) plan. Medical treatment facilities should not be located immediately adjacent to potential tactical targets such as airfields, ammunition storage and supply facilities, POL storage, and major bridges. When the facility must lie within an established defensive perimeter, it should be located away from the perimeter, and at a distance from critical targets.

The decision to camouflage a hospital or display the Red Cross emblem rests with the tactical commander. All protection afforded medical units under the Geneva Wounded and Sick Convention of 1949 is compromised when medical treatment facilities are camouflaged.

ENEMY PRISONER OF WAR FACILITIES

Successful combat operations inevitably result in the capture of enemy prisoners of war. Depending on the duration and extent of the conflict, requirements for the evacuation of EPWs may warrant the establishment of prisoner of war holding areas within the corps area and semipermanent internment facilities within the COMMZ area. Further evacuation to semipermanent or permanent facilities outside the Theater of Operations may also require a total evacuation scheme. Discussion of EPW facilities in this chapter will be limited to the COMMZ.

Generally, EPWs are evacuated for their own safety, for medical treatment, or to relieve troops in the capturing unit from the task of securing EPWs. Individual EPWs may be

selectively evacuated for interrogation purposes. Once EPWs are gathered at internment facilities, they constitute a pool of potential labor assets. They are, however, subject to special considerations and some limitations.

RESPONSIBILITIES AND PLANNING

Within the COMMZ, the personnel command (PERSCOM) commander is responsible for interning EPWs and administering their activities. Site selection for internment facilities is usually determined by PERSCOM. The following considerations must be weighed by the PERSCOM staff:

- Locations where EPW labor can most effectively be used.

- ž Potential threat from the EPW population to logistical support operations in the proposed location.
- ž Threat and boldness of guerrilla activity in the area.
- ž Attitude of the local civilian population.
- ž Attitude of the EPWs.
- ž Accessibility of the facility to support forces and transportation to the site for support elements.
- ž Proximity to probable target areas (for example, airfields, ammunition storage.)

Engineer participation in managing EPW activities includes providing construction support for building or renovating internment facilities, and employing EPW labor in engineer tasks where appropriate.

FACILITIES

Enemy prisoners of war must be lodged in buildings or barracks which are dry, heated, lighted, and protected from fire. Minimum dormitory area and air-space requirements are the same as for troops at base camps. Enemy prisoners of war must have constantly at their disposal installations conforming to sanitary rules, including the best practicable provisions for baths and showers. They must be allowed to take physical exercise and to enjoy the fresh air. Sexes must be segregated.

Site selection

Prisoner of war internment facilities must be planned soon enough in a contingency operation to provide for timely site selection and development. Construction materials must be procured and construction initiated promptly. Construction should be planned to maintain a standby capability for the acceptance of additional EPWs. The site should be

located on a local topographic high point, with free draining subgrade soil. This will serve to minimize earth moving requirements for drainage. Greater sanitary precautions must be taken when working with high water tables or swamp-like environments. Planners should also assure a potable water supply, a sewage system, an available electrical power supply, and nearby supplies of construction materials. If possible, existing structures should be used to minimize new construction.

Types of internment facilities

Within the COMMZ, EPW internment facilities are classified as EPW camps or EPW branch camps. The EPW camp is generally semipermanent construction and is composed of one to eight 500-person enclosures. The EPW branch camp is a subsidiary camp of a designated EPW camp. It is established to meet a specific EPW labor requirement and facilitates the accomplishment of a particular work need. As with any Theater of Operations construction, existing facilities that can be used directly or modified with a justifiable effort are preferable to new construction.

New construction

Construction standards, bills of material, and estimates of man-hours of construction effort are contained in the Army Facilities Components System (TMs 5-301, 5-302, and 5-303). If facilities must be built, they are to be built to temporary standards. For economy in area and fencing, buildings are best grouped in the center of the enclosure. Space between the buildings and the deadline fences may be used for open air and exercise area.

Engineer support to the construction of EPW facilities may include—

- ž Install security fencing/obstacles, lighting, and towers.
- ž Create a vegetation-clear zone.

Ž Construct patrol roads adjacent to or outside of the facility.

Ž Construct EPW camp barracks, dispensary, mess, and baths and latrines, with related water and power facilities.

PRISONER OF WAR LABOR

Prisoners of war constitute a significant potential supply of both skilled and unskilled labor. Prisoners of war may possess engineer-related labor skills. The camp commander can assure the best employment for each EPW by establishing and maintaining occupational skill records. Approval for work on a project is obtained through operations channels from PERSCOM. Use of EPW labor assumes a non-hostile attitude on the part of the EPWs. The commander, in deciding to use EPW labor, must weigh how essential the required work is against the personnel (security and support) and logistical effort required to provide the EPW labor. Generally, the significant effort required to manage EPW labor means that EPWs are only used in the absence of qualified local labor or contractors, or when the commander determines that military engineers are not available or must be employed elsewhere.

Prisoners of war should be used to the maximum extent for all work necessary in the administration, management, construction, and maintenance of EPW camps and facilities.

The following guidelines apply to the use of EPW labor:

Ž The EPW may not be retained or employed in an area subject to hostile fire in the combat zone. This generally precludes use of EPWs forward of the COMMZ.

Ž The EPW may volunteer, but may not be compelled to transport or handle stores, or to engage in public works and building operations which have a military character or purpose.

Ž The EPW may not be employed in labor considered to be injurious to health or dangerous because of the inherent nature of the work.

Ž The EPW may not be assigned to perform work considered as humiliating or degrading. This would not include any tasks required for the administration or maintenance of the EPW camp itself.