

CHAPTER 5

**HEALTH SERVICE SUPPORT ASPECTS OF
PEACETIME CONTINGENCY OPERATIONS****5-1. General**

a. Peacetime contingency operations are politically sensitive military activities normally characterized by the short-term, rapid projection or employment of forces in conditions short of war. They are often undertaken in crisis avoidance or crisis management situations requiring the use of military instruments to enforce or support diplomatic initiatives.

b. This chapter discusses the HSS considerations and planning factors for the major types of operations in this category. Each of these operations is unique to the mission, size of the force, and the level of hostilities encountered. The HSS package will vary with each operation. However, maximum use of the organic assets of the force employed should be accomplished. Additional tailoring or reinforcement of these organic assets is accomplished to meet the anticipated need.

c. Information on the military aspects of these operations is contained in FM 100-20.

5-2. Shows of Force and Demonstrations

a. Shows of force and demonstrations lend credibility to a nation's promises and commitments; increase its regional influence; and demonstrate its resolve to use military force as an instrument of national power. Additionally, the NCA orders these operations to bolster and reassure friends and allies.

b. Health service support for shows of force and demonstrations follows the traditional role of providing HSS to a combat force.

(1) The size of the combat force, the mission, the duration of the operation, the assessment of the medical threat, and the anticipated level of hostilities to be encountered determine—

- Range of services to be provided.
- Size of the medical contingent.

- Anticipated patient load.
- Requirements for Class VIII supply and resupply.

(2) The medical planner must be included early on in the planning process for the mission. This is to ensure that adequate HSS resources are planned for and committed to support the operation. Further, if it is a joint or combined operation, the HSS package must be thoroughly coordinated with all parties involved to ensure there is not a duplication of or gap in the HSS.

5-3 Noncombatant Evacuation Operations

a. Noncombatant evacuation operations (NEO) are conducted to relocate civilian noncombatants from locations in a foreign country. These operations are normally conducted to evacuate US citizens whose lives are in danger; however, they may also include the evacuation of HN or third country citizens. These operations are of short duration and consist of rapidly inserting a force, occupying an objective, and a planned withdrawal. The amount of force used is normally limited to that required for self-defense and the defense of the operation. The level of hostilities encountered varies with each specific mission. The key factor in planning for this type of operation is the correct appraisal of the politico-military environment in which the operation is to be conducted.

b. Health service support to NEO is tailored to the size of the military force and the anticipated medical needs of the evacuees. Every effort is made to use the existing medical skills of the evacuees.

c. The medical planner must be included in the mission planning as medical considerations and factors may influence the success of the mission. For example, seriously ill or injured evacuees may not be transportable until medically stabilized. Medical planning factors include—

- Assessment of the medical threat.
- Anticipated duration of the operation.

- Size of the force.
- Anticipated number of evacuees.
- Anticipated level of hostilities to be encountered.
- Medical requirements for both the force and the evacuees (including the location for hospitalization, medical equipment and supplies, and the rapid medical evacuation of those seriously injured or ill).
- Potential for transferring diseases back to the US.
- Evacuation or disposition of privately-owned pets.
- Potential sources of food supplies and water.

5-4. Rescue and Recovery Operations

Rescue and recovery operations are sophisticated actions requiring precise execution, especially when conducted in hostile environments. They may be clandestine or overt. They may include the rescue of US or friendly foreign nationals or the location, identification, and recovery of sensitive equipment or items critical to US national security. The level of hostilities to be encountered will vary with each specific operation.

a. Rescue Operations. It is essential that HSS requirements are identified early in the planning process and incorporated into the operations plan. The medical condition (including age, nutrition, and the physical and mental condition) of the individuals or groups to be rescued needs to be determined so that appropriate medical personnel, equipment, and supplies are available. Other planning considerations include, but are not limited to the—

- Medical threat.
- Period of time the patients will need to be sustained before reaching definitive care.
- Anticipated level of hostilities and risk factors for the rescue party.

- Type and level of medical care those to be rescued have been receiving.

b. Recovery Operations. These operations receive HSS based on the requirements of the supported force. The medical support package is task organized to provide an appropriate mix of medical personnel, equipment, and supplies. Additional medical personnel may also be required if there is a potential for NBC contamination.

5-5. Strikes and Raids

The US conducts strikes and raids for specific purposes other than gaining or holding terrain. Strikes and raids can support rescue and recovery operations, or destroy or seize equipment or facilities which demonstrably threaten national collective security interests. They can also support counter-drug operations by destroying narcotics production or transshipment facilities, or supporting a host government's actions in this regard.

a. Planning.

(1) Conventional HSS planning (FM 8-55) is required to meet the needs of the forces deployed. However, because these operations may be conducted in areas without established military support bases, the only support available may be that which was preplanned and accompanied the force. Health service support planning, therefore, must be comprehensive, thoroughly coordinated, and flexible enough to meet unanticipated requirements. Additionally, sufficient medical resources must accompany the lead forces to ensure that medical care can be provided prior to the arrival of the main body of CSS elements.

(2) The terrain, weather, medical threat, and mission requirements may dictate that special equipment (such as mosquito netting or mountaineering equipment) will be required to accomplish the mission. The HSS planner must ensure that sufficient quantities are available to the medical personnel for their own use and, if need be, by their patients.

(3) In these short-duration operations, characterized by the rapid insertion of a combat force, environmental (heat and cold) injuries may

occur if there was insufficient time to acclimatize the force. For example, when moving troops from a cold climate to a tropical area, they may suffer from heat injuries. Proper planning can minimize this threat.

(4) Health service support planning should also include—

- Anticipated medical care requirements for EPWs, detained or retained personnel, and civilian casualties.
- Effects of the Geneva Conventions (FM 8-10) or other legal considerations on these operations.

(5) The medical evacuation of sick, injured, or wounded soldiers from the AO may require coordination with the other services. United States Air Force or Navy assets may be used to insert the force and may provide the only means of evacuating patients from the AO. Coordination for the backhaul of patients on nonmedical transportation assets, establishment of a mobile aeromedical staging facility (MASF), or the landing of Army air ambulances on US Navy ships must be affected if the evacuation mission is to be successfully accomplished.

(6) The HSS planner must also ensure that combat stress control personnel are available to debrief soldiers who are injured or wounded or who suffer from battle fatigue.

b. Urbanized Terrain. Throughout history, operations have been conducted on urbanized terrain. Some recent examples include Hue, Beirut, and Panama City. Military operations on urbanized terrain (MOUT) are those military actions planned and conducted on a terrain where man-made structures impact on the tactical options available to the commander. This terrain is characterized by a three-dimensional battlefield, having considerable rubble, ready-made fortified fighting positions, and an isolating effect on all combat, CS, and CSS elements. In this environment, the requirements for a sound and understandable HSS plan cannot be overstated. Of concern to medical and tactical planners, alike, is the need to plan; train; prepare; and equip for the location, treatment, and evacua-

tion of wounded from under, above, and at ground level. Additional information on combat in builtup areas is contained in FM 90-10 and FM 90-10-1.

(1) *Medical threat.* Military operations conducted in builtup areas result in significant differences in both the frequency and types of diseases and wounds experienced.

- Civilian populations may experience increasing disease rates as well as less common diseases as a direct result of the environmental conditions imposed by MOUT. Human defenses to all endemic diseases are reduced by—

- Lack of hygiene.
- Exposure.
- Hunger.
- Anxiety.

- The deliberate introduction of infectious diseases via water, food, aerosols, human carriers, or contaminated material can be expected from some adversaries (Appendix B).

- The razing of structures creates rodent and arthropod shelters. The interruption of water and sewer systems, disruption of garbage collection and health services, and the presence of carrion combine to promote the rapid expansion of rodent and arthropod vector populations and the endemic and epidemic diseases they transmit.

- Secondary wounding missiles will be common from the abundance of glass, steel, and stone. Building collapses will result in more numerous crush injuries. An increased potential for burns and inhalation injuries will result from burning fuels, vehicles, and structures; from smoke produced by these fires; and from toxic fumes and smoke generated by obscurants. Burns and smoke inhalation injuries will be further complicated by injuries from fuel air and other explosive devices.

(2) *Equipment requirements.* Materiel requirements for adequate HSS in MOUT includes unique equipment, especially for the extraction and

evacuation of casualties. This equipment can include, but is not limited to—

- Axes, crowbars, and other tools to break through barriers.
- Special harnesses; portable block and tackle equipment; ropes; grappling hooks; collapsible stretchers; light-weight collapsible ladders; heavy gloves; and casualty blankets with shielding for lowering casualties from buildings or moving them from one building to another at some distance above the ground using pulleys.
- Equipment for the safe and quick retrieval from craters, basements, sewers, and subways. Casualties may have to be extracted from beneath rubble and debris.
- An increase in wounds and trauma injuries can be anticipated and will result in additional requirements for intravenous (IV) fluids and IV starter sets. Individual soldiers may carry these fluids to hasten their availability and shorten the time between wounding or injury and the initiation of vascular volume replacement. This also reduces the weight and cube of supplies carried by the medical treatment teams. In situations where troops are suffering from severe heat exhaustion or environmental injuries, such as heat stroke, the fluid may be taken orally if an IV starter set is not available.
- Air ambulances equipped with a rescue hoist may be able to evacuate casualties from the roofs of buildings or may be able to insert needed medical personnel and supplies.
- Effective communications face many obstacles during MOUT. Line of sight radios are not effective and individual soldiers will normally not have access to radio equipment. The use of alternate forms of communications, such as markers, panels, or field expedients (fatigue jackets or T-shirts), which can be displayed by the wounded or injured soldiers indicating where they may be found should be considered.

(3) *Medical evacuation.*

- Medical evacuation in the MOUT environment is a labor-intensive effort. Due

to rubble, debris, barricades, and destroyed roadways, much of the evacuation effort must be accomplished by manual litter teams. When this occurs, an ambulance shuttle system or a litter shuttle should be established.

- Casualty collecting points should be established at relatively secure areas accessible to both ground and air ambulances. Collecting points should be designated in advance of the operation and should—
 - Offer cover from enemy fires.
 - Be located as far forward as the tactical situation permits.
 - Be identified by an unmistakable feature (natural or man-made).
 - Allow rapid turnaround of ambulances.
 - Be well - separated from fuel and ammunition depots, motor pools, reserve forces, or other lucrative enemy targets, as well as civilian hazards such as gas stations or chemical factories.

(4) *First aid skills.* Self-aid, buddy aid, and combat lifesaver skills are essential. Due to the isolated nature of this combat environment, injured and wounded soldiers may not be reached by the combat medic for extensive periods of time after the injury or wound has been sustained.

(5) *Civilian casualties and refugees.*

(a) In MOUT, civilian casualties occur. To the greatest extent possible, civilian casualties should be treated by local HN medical personnel and facilities. The injuries sustained by the civilian population can be caused by direct action (such as being caught in a cross fire) or by indirect action (such as the collapse of a structure which was weakened by military action). In either case, humanitarian assistance may be required to

perform lifesaving procedures. Once stabilized, these casualties are transferred to a HN facility. The HSS planner must, therefore, plan for additional logistics support; higher than normal medical supply stockage levels; additional equipment; and augmentation or reinforcement of the deployed medical assets.

(b) In addition to the casualties mentioned above, the number of refugees may increase rapidly as the operation progresses. Due to the potential overcrowding, lack of sanitary facilities, and increased requirements for potable water and food supplies, the medical threat to both the civilian population and military personnel will become unacceptable. Coordination with the HN medical infrastructure should be accomplished to provide essential health services to the refugee population.

(c) Health service support planners must ensure that the potential requirements for providing humanitarian assistance and PVNTMED measures to the civilian community are incorporated early on in the plan. This is necessary to ensure that the level of HSS to our forces is not degraded by the civilian casualty or refugee situation. Specific planning considerations include—

- Estimated patient work load and types of injuries.
- Requirements for the rendering of emergency pediatric, obstetrical, and gynecological care.
- Duration of the operation and hour of day in which the operation is initiated.
- Population density in the AO.
- Location and availability of Class VIII.
- Availability of sanitary facilities.
- Location of refugee camps or holding areas and anticipated duration of stay in area.

- Location and availability of potable water.
- Location and availability of local food supplies or Class I.
- Endemic diseases and pest management.
- Veterinary resources for ensuring the wholesomeness of locally procured food supplies and surveillance for use in humanitarian activities.

5-6. Peacemaking Operations

a. Peacemaking operations are intended to establish and restore peace and order through the use of force. The US conducts these operations when it is in the national interest to stop a violent conflict and to force a return to political and diplomatic methods. The US typically undertakes peacemaking operations at the request of appropriate national authorities in a foreign country. It may also conduct these operations to protect US citizens as part of an international, multilateral, or unilateral operation.

b. Health service support elements are tailored to the size of the peacemaking force; the level of hostilities to be encountered and the anticipated duration of the mission. The requirements for HSS of this type of mission are to provide medical care in an austere environment with medical evacuation out of the AO for more definitive care. The HSS planner should be included in the mission planning process to ensure that adequate medical resources are provided. The HSS planner should consider, but not be limited to, the following:

- Medical threat.
- Anticipated patient load.
- Anticipated areas of patient density.
- Sanitation and disruption of garbage disposal, water, and sewer services.
- Anticipated civilian casualties requiring medical care.

- Anticipated EPW medical care requirements.
- Lengthening LOCs.
- Medical evacuation, including collecting points, ambulance exchange points, and ambulance shuttle systems.
- Location of hospitalization assets or services.
- Coordination with other service branches, allies, and HN.
- Operations conducted on urbanized terrain.
- Medical supply and resupply requirements and procedures.

5-7. Unconventional Warfare

a. Unconventional warfare (UW) is a broad spectrum of military and paramilitary operations. These operations are normally of long duration, and predominantly conducted by indigenous or surrogate forces. These forces are organized, trained, equipped, supported, and directed in varying degrees by an external source. Unconventional warfare includes guerrilla warfare and other direct offensive, low-visibility, covert, or clandestine operations. It also includes the indirect activities of subversion, sabotage, intelligence collection, evasion, and escape. The primary forces used in UW are special operations forces (SOF). (For additional information concerning SOF, refer to Appendix M.)

b. The goals of medical operations in support of UW are to conserve the guerrilla forces' fighting strength and to assist in securing local population support for US and resistance forces operating within joint special operations areas (JSOAs).

c. Medical elements supporting the resistance forces must be mobile, responsive, and effective in preventing disease and restoring the sick and wounded to duty. There is no safe rear area where the guerrilla takes his casualties for treat-

ment. Wounded and ill personnel become a tactical rather than a *logistical* problem.

d. In an UW situation, indigenous medical personnel may provide assistance during combat operations by establishing casualty collecting points. This permits the remaining members of the resistance force to continue fighting. Casualties at collecting points are later evacuated to the guerrilla base or to a guerrilla medical facility. As the operation develops, evacuation of the more seriously wounded, injured, or diseased personnel to friendly areas is accomplished by establishing clandestine evacuation nets if security does not permit using aeromedical evacuation.

e. Medical requirements within the JSOA differ from those posed by conventional forces. In UW, battle casualties are normally fewer and the incidence of disease and malnutrition is often higher.

f. Overlaying conventional military medical assets on UW operations can only be accomplished if it does not compromise the security of the mission.

5-8. Disaster Relief

a. Disaster relief operations provide emergency assistance to victims of natural or man-made disasters abroad. These operations are responses to requests for immediate help and rehabilitation from foreign governments or international agencies. They may include—

- Refugee assistance.
- Food programs.
- Medical treatment and care.
- Other civilian welfare programs.

b. Medical assistance requires a rapid assessment of the medical needs produced by the disaster and the rapid tailoring of a medical element to deal with the disaster.

- Preventive medicine plays a key role in the relief effort as natural disasters can disrupt

the ecological balance, causing potential outbreaks of disease. Measures to ensure needed sanitation and pest management must be planned for and implemented as soon as possible after the occurrence. Organization of education efforts and other public health measures to help victims resist potential disease outbreaks are important aspects of PVNTMED and community health nurse support.

- The medical treatment rendered is austere and may possibly be provided in rudimentary facilities.

- The medical element must be able to rapidly reach the disaster site with the right mix of

medical specialties. Deploying a medical facility which is too late or too cumbersome does not provide the effective assistance needed.

- The medical element should have the capability to interact with victims in their own language.

- Stress control measures should be applied before, during, and after the operation. These measures are used to maintain effective performance and minimize posttraumatic stress disorder among care givers, as well as victims.