CHAPTER 2

HEALTH SERVICE SUPPORT ASPECTS OF SUPPORT FOR INSURGENCY AND COUNTERINSURGENCY OPERATIONS

2-1. General

a. The operational category of support for insurgency and counterinsurgency provides the greatest challenges and is the most complex. The possibility exists, in this category, that the traditional roles and methods of employment of US military forces may be reversed (CSS or CS elements entering the theater prior to the combat units). The uniqueness of operations in this environment requires thoroughly coordinated planning and flexibility on the part of commanders to successfully accomplish assigned missions.

b. Agencies of the federal government (other than the DOD) normally exercise overall direction of efforts in support for insurgency and counter-insurgency. The US military actions serve a supporting role. Once legally tasked by the NCA for commitment to support or defeat an insurgency, US military forces assist either HN governments or insurgent movements.

c. For the legal considerations concerning insurgency and counterinsurgency operations, refer to FM 100-20.

2-2. Insurgency

a. Insurgency is an organized, armed political struggle whose goal may be the seizure of power through revolutionary takeover and replacement of the existing government. In some cases, however, insurgency is undertaken to break away from government control and establish an autonomous state within traditional ethnic or religious territorial bounds. It may even be conducted to extract limited political concessions that are unattainable through less violent means.

b. Insurgences succeed by mobilizing human and material resources to provide both active and passive support. Mobilization produces skilled workers and fighters, raises money, and acquires weapons, equipment, and supplies of all kinds. Mobilization grows out of intense popular dissatisfaction with existing political and social conditions. Active supporters consider conditions intolerable. They are willing to risk death in violent confrontation with their government to effect change. The insurgent leadership articulates their dissatisfaction, placing the blame on the government and offering a program to improve conditions. The insurgent leadership then provides organizational and management skills to transform disaffected people into an effective force for political action. Ultimately, the insurgents need the active support of a majority of the politically-active people and the passive support of the greater part of the population.

c. This dynamic process may take place within any political system, including a democracy. Insurgency arises when the government is unable or unwilling to redress the demands of important social groups and when its opponents use violence to change the government's position. Insurgencies are coalitions of disparate forces united by their common opposition toward the government. To the extent that these coalitions find common ground, their prospects improve. Their differences are compromised, negotiated, and influenced as groups evolve. To be successful, an insurgency must develop unifying leadership, doctrine, and organization, and a vision of the future. Only the seeds of these elements are present when an insurgency begins; the insurgents must continually review and revise them.

d. For information on insurgences and the framework for analysis of insurgent movements, refer to FM 100-20.

2-3. Medical Operations Role in Supporting an Insurgency

Depending upon the needs of the insurgent movement, the political, social, and economic issues involved, the resources available, and the existence of clear, legal authority, medical operations may entail advice and—

- Training in PVNTMED and sanitation. Information on PVNTMED and sanitation subjects is contained in FMs 8-250, 8-33, 21-10, 21-10-1, and 10-52; technical bulletin, medical (TB MED) series; and WHO reports and publications.

- Assisting in the establishment of a viable medical organization to attend to the medical needs of the insurgents. The medical organization supporting the insurgent is normally austere. It must provide all facets of the health care spectrum from emergency medical treatment (EMT) at the point of injury through hospitalization and convalescent care. Field nurses may serve as trainers emphasizing those skills necessary for EMT; triage; mass casualty management; surgical procedures; and postoperative basic skills. These nurses may also provide first aid training to the insurgent personnel. One of the key factors in maintaining high morale among soldiers is the knowledge that if wounded, medical care will be available. Depending on the tactical situation, terrain, and other environmental conditions, treatment stations may be housed in caves, tunnels, existing buildings, or temporary shelters. Due to the fluidity of LIC operations, the treatment station established should be no larger than that necessary to accomplish the mission. It should be 100 percent mobile.

- Assisting in the planning of health care programs. These programs may be for the populace once the insurgents have attained the position to implement them. Development of HSS programs must be based on the real or perceived needs of the populace. A balance between short-term and long-term programs must be attained. Short-term programs (such as extraction of teeth) provide visibility and immediate recognition. Long-term programs, however, are the best means to resolve the population's dissatisfaction with the health care delivery system. They are also effective in improving the standard of living. Long-term programs include such projects as veterinary care (Appendix C); building of sanitation facilities (Appendix D); training of medical personnel, nutrition and rehabilitation guidance (Appendix G); immunizations; and health education.

2-4. Counterinsurgency

a. The internal defense and development (IDAD) strategy is the full range of measures taken by a nation to promote its growth and protect itself from subversion, lawlessness, and insurgency. It focuses on building viable institutions (political, economic, military, and social) that respond to the needs of the society. Developmental programs, carefully planned, implemented, and publicized, can serve the interests of population groups and deny exploitable health issues to the insurgents.

b. The fundamental thrust of the IDAD strategy is toward preventing the escalation of internal conflict. Should insurgency occur, emphasis is placed on holding down the level of violence. The population must be mobilized to participate in IDAD efforts. Thus, IDAD is an overall strategy for the prevention of insurgency; or if an insurgency should develop, for counterinsurgency activities. Prevention is accomplished through—

- Forestalling and defeating the threat posed by insurgent organizations.

- Working to correct conditions that enhance their chances of success.

c. Quality of life issues, such as the availability of health care, can be prominent issues that motivate insurgents to demand change. A thoroughly planned and coordinated IDAD strategy (which implements the needed health care reforms and focuses on other quality of life issues) can motivate the population to support the HN government rather than the insurgent group. These programs can enhance the legitimacy of the HN government while undermining the legitimacy of the insurgent group.

d. For further information on counter-insurgency, refer to FM 100-20.

2-5. Medical Operations in Support of Security Assistance Organizations

a. United States military actions in support of an insurgency or counterinsurgency should be part of a coordinated blend of available instruments of national power, designed to achieve clearly defined political objectives. United States military support to insurgences and counterinsurgencies normally centers on security assistance program administration efforts that complement those of other government agencies. For the most part, the US military role will be to provide military training, technical training, and intelligence and logistical support. Operations by US forces in support of a HN conducting counterinsurgency include—

- Intelligence operations.
- Joint-combined exercises.
- Civil-military operations, including CA and PSYOP.
- Humanitarian or civic assistance.
- Logistical support operations.

b. Military medical resources may not be used in all categories of missions; however, they can be employed to improve health related quality of life issues and deficiencies to enhance the effectiveness of military medical training. This support is given by such means as–

- Providing training and support in PVNTMED measures.
- Developing military training packages to enhance skills of medical paraprofessionals.
- Participating in the Department of State cultural exchange program by exchanging US and foreign military medical personnel for visits, training, and education.

c. The foreign internal defense augmentation force is a conceptual, composite organization which augments the security assistance organization (SAO). When constituted, the foreign internal defense augmentation force operates under a US unified command or subordinate joint task force (JTF). Its foreign internal defense (FID) mission is to assist SAOs with training and operational advice, and to provide assistance to HN forces. It employs mobile training teams (MTTs) and small detachments to fulfill specific mission requests. Ideally, this force should be a specially trained, area-oriented, mostly language qualified, and ready force. Medical augmentation to the foreign internal defense augmentation force can be provided to some extent in all of the HSS functional areas. Particularly effective in this arena are medical, nurses, PVNTMED, dental, and veterinary resources.

d. The remainder of this chapter discusses medical planning considerations and medical operations which can be employed in the LIC environment.

2-6. The Goals and Objectives of Military Health Service Support in Foreign Internal Defense

a. Foreign internal defense is the participation by civilian and military agencies of a government in any of the action programs taken by another government to free and protect its society from subversion, lawlessness, and insurgency. Foreign internal defense is the US role in the IDAD strategy.

b. The goals and objectives of military HSS in this environment are defined in the commander's regional strategy. Each HN has circumstances which differ from its neighbors' and are unique to its own situation. These characteristics include social, economic, cultural, military, and political realities within the HN. The medical planner needs to develop specific goals and objectives for each country within the region.

c. In developing these goals and objectives, the medical planner ensures that the—

- Plan is developed with the HN's assistance.
- Plan enhances rather than replaces the HN's existing programs.
- Host nation has the resources to continue the programs if the US military effort is sharply curtailed or discontinued.
- Host nation receives the credit for the program rather than the US military. This is accomplished by ensuring that all medical operations include representatives of the HN or its military.

2-7. The Role of Military Health Service Support in Foreign Internal Defense

a. As with the goals and objectives, the actual role of military HSS is defined in the commander's regional strategy. It is important that. any HSS operations conducted in LIC are thoroughly planned, coordinated, and included in this strategy.

b. The specific role of military medicine in FID varies depending upon the stage of development and the political, economic, military, and social situations of the country where employed. However, some general roles are to—

- Assist the HN in identifying the health needs of the population.
- Work in concert with the HN in developing programs aimed at the resolution of potential or actual health problems.
- Provide guidance for the development of the HN's medical infrastructure.
- Develop, in concert with the HN, training standards to be used by the HN.
- Develop and document the minimum and basic medical supplies and equipment levels for the conduct of HN operations and programs.
- Assist the HN's health planners in prioritizing health care needs which are competing for scarce resources.
- Train HN personnel to administer and maintain programs without outside assistance.

c. Regardless of the specific medical missions, the US military role should be *unobtrusive.* The HN government must be seen as leading the effort to improve the quality of life for the populace, thus making the desired positive impression. Concern for the health of the people must be viewed as a central precept of the HN government, not as a program driven by outside American influences.

d. The role of military HSS in a foreign country is determined by the US Ambassador, who is responsible for and has authority over all US Government activities within the country. Actions by military medicine will be fully integrated with the general plan of the US country team. The scope of activities by military medicine is also limited by acts of Congress. (Refer to FM 100-20, Appendixes A and B.) The emerging role of military medicine in counterinsurgency operations involves a long-term commitment in consonance with US national policy and goals and the socioeconomic environment of the HN. The *quick fix* should be avoided, as it only raises the expectations of the populace, and when US assistance is withdrawn may leave the HN government without the capability to sustain the same level of care. This situation results in increasing the population's dissatisfaction with their government.

2-8. Determining the Health Service Needs of a Host Nation

a. In consonance with and under the direction and guidance of the US Ambassador, country team, and applicable laws, the command surgeon takes a proactive role in helping to determine the health service needs of the various countries. There are, however, various organizations and individuals who can assist in identifying medical needs. These include—

- Host Nation.
- Armed Forces Medical Intelligence Center.
- State Department.
- Defense Attache Officer.
- World Health Organization.
- United States Agency for International Development.
- Religious organizations.

b. Regardless of how the requirement is initially determined, the command surgeon must be brought into the planning process at the earliest possible time. This ensures that the necessary military medical resources are allocated to accomplish the mission.

c. As one of the major goals of using military HSS resources is to enhance the stability of the HN government, the parameters used to assess the HN health service needs will vary with each country. Assessment factors include, but are not limited to—

- State of general health of the population, especially nutrition.
- State of mental health services.
- State of dental health and dental care services.
- Sanitation and personal hygiene.
- Impact of endemic diseases.
- Status of farm animal health and veterinary services.
- Primary care capabilities, to include rural areas.
- Morbidity and mortality statistics.
- Developmental stage of the HN health care delivery system.
- Adequacy of secondary and tertiary hospital facilities.
- Accessibility of the health care delivery system.
- Education and training levels of health care professionals and technicians.
- Adequacy of public health department resources.
- Availability and production capability for prosthetic and orthotic devices.
- Existence of medical training and education programs targeted at the general population.
- Status of health care resources.
- Education level of the general population.

d. An assessment checklist is provided in Appendix H.

2-9. Health Service Support Needs of the Host Nation Military

An assessment of the HN's military medical infrastructure and capabilities (similar to the civilian sector) should be completed. The morale of the fighting soldier is often dependent upon the knowledge that he will receive adequate and timely medical attention when wounded or ill. If the HN's military medical infrastructure does not have the capability to provide this type of responsive medical we, the effectiveness of the fighting force may suffer. Assessment factors include, but are not limited to—

- Status of field sanitation and personal hygiene practices.
- Stage of development of the medical organization, including the professional development of medical and paraprofessional personnel.
- Level of training combat medics receive for providing initial medical care.
- Status of combat stress control prevention and management of stress reactions.
- Status of the medical logistics system, including development of standardized medical equipment sets for field operations.
- Existence of field medical units, including command and control elements.
- Level of recruitment and training of civilian health care professionals for duty with the military.
- Status of an immunization program for the armed forces.
- Level of malnutrition among the armed forces.
- Status of a medical evacuation system.

- Educational level of members of the armed forces.
- Status of unit and individual training in self-aid and buddy aid in the armed forces.
- Development of rehabilitative services such as occupational and physical therapies and protocols.
- Status of veterinary services.
- Stage of development of (or improvement of) a military hospitalization system.
- Existence of medical and nursing training programs and standards of training.

2-10. Medical Humanitarian and Civic Assistance

a. Medical HCA includes assistance to a HN such as medical, dental, and veterinary care provided in rural areas of the country. A medical mission reconnaissance checklist is provided in Appendix K. This assistance complements, but does not duplicate, any other social or economic assistance that is being provided by other US departments or agencies. These activities serve the basic economic and social needs of the people of the country concerned; they—

- Support the civilian leadership.
- Benefit a wide spectrum of the community.
- Are self-sustaining (once completed) or supportable by the HN civilian or military agencies.

b. Department of Defense HCA programs promote the—

- Security interests of both the US and HN.
- Specific operational readiness skills of the armed forces who participate in the activities.

c. Humanitarian and civic assistance programs carried out under the authority of Title 10, United States Code, Chapter 20, Part 1 of Subtitle A, may not be provided (directly or indirectly) to any individual, group, or organization known to be engaged in military or paramilitary activities.

d. Humanitarian and civic assistance projects or activities in any foreign country require specific prior approval of the Secretary of State for such assistance.

2-11. Health Care Program Development

a. In order to develop viable and effective health care programs, a long-term commitment of assistance is required. As stated in paragraph 2-7, the *quick fix* is not a solution for ensuring that adequate health care services will remain available to the HN population and military. Additionally, the *quick fix* solution may not further US national goals for enhancing the stability of the HN government.

b. Medical operations conducted to enhance the stability of the HN government must be well coordinated with all concerned agencies, such as the—

- Host nation itself and its medical organizations and assets.
- Ambassador and the country team.
- Military assistance advisory group.
- United States Agency for International Development.
- Foreign internal defense augmentation force.
- Civil affairs elements.
- Special operations forces.
- World Health Organization.
- Private organizations and religious efforts.

c. Particular attention should be given to the existence of legal authority for providing training to HN personnel and to the need, in most cases, for reimbursement of the value of training or other services provided.

d. It should be emphasized that the medical infrastructure which evolves through assistance from US forces must pervade throughout the country and be broad based. It cannot only be concerned with urbanized areas, but must make primary care available to rural areas also. This often requires convincing the HN government that the expense of hiring and training additional medical and public health personnel for providing rural area services will be justified by the amount of support for the government it quickly generates. For example, the HN system can increase access to primary care despite limited resources and dispersed population. One method is to use nurse practitioners to provide primary care in rural areas. These practitioners could also provide training to local basic and middle level health care providers.

e. The health care programs are tailored to meet the needs of the HN. They should target the basic health necessities initially, with emphasis on health education and on other preventive measures. As the programs evolve, they must become institutionalized to ensure their continued success when US military assistance is withdrawn.

f. If possible, *interregional* cooperation between neighboring countries and programs should be encouraged. This assists in strengthening relationships between countries and also optimizes the use of scarce resources in the training and development arenas.

g. Resources in most instances will fall short of need. There will rarely, if ever, be sufficient US personnel, equipment, or supplies to provide care to the entire country, or even for the entire spectrum of disorders within a small area of the country. It must also be understood that the care of chronic disorders and of uncorrectable conditions are beyond the scope of these programs. To provide continuity, these health care programs (carefully coordinated with the HN) will require—

- A well-published focus to a given area.
- A schedule to provide return visits.