

CHAPTER 3

HEALTH SERVICE SUPPORT ASPECTS OF COMBATting TERRORISM

3-1. General

a. Terrorism and the threat of terrorism have become a reality in the modern world. Terrorism can occur throughout the operational continuum. It is defined as the unlawful use or threatened use of force or violence against people or property to coerce or intimidate governments or societies, often to achieve political, religious, or ideological objectives. Combatting terrorism consists of those actions (including antiterrorism and counterterrorism) taken to oppose terrorism.

b. The tactics used by terrorists include, but are not limited to, bombings, hijackings, assassinations, and kidnappings. The immediate objectives of terrorism are—

- Recognition.
- Coercion.
- Intimidation.
- Provocation.
- Insurgency support.

c. Further information on combatting terrorism is contained in FM 100-20 and FM 100-37.

3-2. Antiterrorism

Antiterrorism consists of those defensive measures used to reduce the vulnerability of personnel, family members, facilities, and equipment to terrorist acts. This includes the collection and analysis of information to accurately assess the magnitude of the threat. (For the collection of medical information, refer to paragraph 1-6 and FM 8-10-8.)

3-3. Counterterrorism

Counterterrorism is comprised of those offensive measures taken to prevent, deter, and respond to terrorism. Health service support elements are not directly involved in the counterterrorism aspects of an operation. However, these HSS elements provide traditional HSS to US and friendly forces engaged in these operations.

3-4. Planning Considerations for Health Service Support Aspects of Combatting Terrorism

a. The commander must plan for and conduct active programs which reduce his units vulnerability to terrorist actions. A balance must be reached that maintains an appropriate level of vigilance, security, and confidence. This balance should not adversely impact on the mission and result in undue suspicion, stress, and a siege mentality.

b. The medical planner must be aware of the terrorist threat in the planned AO. He must incorporate appropriate safeguards and considerations into the HSS plan. These considerations include, but are not limited to—

(1) *Medical.*

- Threat capability for the use of NBC weapons/agents (Appendix B).
- Provisions for laboratory support to identify suspect agents.
- Special immunization or prophylaxis for potential biological /ao th.
- Command information personal hygiene and sanitation.
- Provisions for safeguarding and testing food and water supplies.
- Provisions for the treatment of contaminated water sources.
- Stress control resources for debriefing victims of a terrorist attack.
- Provisions for suspect /aot therapeutics.
- Medical evacuation under hostile fire or in adverse terrain.
- Mass casualty situations.
 - Augmentation or reinforcement of medical personnel, supplies, and equipment.
 - Evacuation and hospitalization.

- Plans for continued care in the event the medical treatment facility (MTF) is the target of a terrorist attack. exercised at least twice yearly, and more often in high-threat locations. Contingency plans must also be prepared to conduct the medical mission, even if the MTF is the terrorist target.
- Care of government-owned animals used in antiterrorism operations. All newly assigned personnel should be provided with an orientation that addresses—
Task-organized rapid response

teams. (Refer to Appendix L for information on *non-table of organization and medical teams*.)

(2) *Nonmedical*. (Refer to FM 100-37 for additional information.)

Terrorist threat.

The terrorist threat.

Their role in combatting terrorism

Potential targets.

c. Unit training should be conducted on topics such as—

Terrorist bomb awareness and

Terrorist bomb awareness and countermeasures Security.

Procurement of special security equipment, such as portable barriers and intrusion devices.

Protection of storage and distribution areas.

Security before, during, and after deployment to the AO.

Limiting access to MTFs by reducing the number of entry and exit points.

Screening personnel seeking access to the facility.

3-5. Preparation and Training

a. It is not sufficient to only plan for mass casualty situations. All plans must be practiced by

mented. Both planning and practice must be flexible enough to account for the disruption and reduced capability which may result from a terrorist act. By using practice situations, when they are simple that the required internal and external coordination has been affected. The practice also ensures that the unit or MTF personnel are familiar with their duties and assignments during an actual situation. At a minimum, the mass casualty plan should be