

CHAPTER 4

HEALTH SERVICE SUPPORT ASPECTS OF PEACEKEEPING OPERATIONS

4-1. General

a. Peacekeeping operations are military operations conducted with the consent of the belligerent parties to a conflict to maintain a negotiated truce and to facilitate a diplomatic resolution. The US may participate in peacekeeping operations under the auspices of an international organization, in cooperation with other countries, or unilaterally. Peacekeeping operations support diplomatic efforts to achieve, restore, or maintain peace in areas of potential or actual conflict.

b. For information concerning the organization and force composition of peacekeeping forces, refer to FM 100-20.

4-2. The Army Medical Department Role in Peacekeeping Operations

a. The primary mission of the AMEDD is to provide HSS to the peacekeeping force. This force may consist of elements from one or a number of the services, and may be a multinational force.

b. A theater medical evacuation policy is established based on the capabilities of the in-country medical resources. The evacuation policy normally permits only limited treatment and holding capability in-country with evacuation from the AO for definitive treatment.

c. Due to the inherent neutrality of a peacekeeping force, it is important for AMEDD units and personnel to adhere to the parameters of their stated mission. Only those missions involving HN personnel or facilities which are authorized by the command authority should be accomplished. Independent, unplanned medical civic assistance programs are not to be undertaken by the medical element of the peacekeeping force.

4-3. Planning Considerations for the Health Service Support Aspects of Peacekeeping Operations

a. The HSS package for a peacekeeping force is often constrained in size; therefore, it must

be carefully tailored to satisfy mission-unique requirements. Preventive medicine measures (Appendix D) must be employed and receive command emphasis to minimize the medical threat. The disease and nonbattle injury (DNBI) rate is more significant on these operations than are combat wounds. Stress factors in peacekeeping operations may cause stress disorders. These disorders include misconduct reactions (unacceptable behavior) which may threaten success of the peacekeeping mission. Mental health and stress control personnel can help prevent or manage these complications (Appendix F).

b. The medical support package for a peacekeeping operation must be specifically tailored to meet the needs of and be compatible with the size of the supported force. If a brigade or division force is deployed, sufficient organic medical resources should be included in the force composition. Additionally, augmentation from corps assets (corps support slice) may be required.

c. For successful medical operations, the medical planner must ensure that—

- The size of the HSS element is sufficient to provide adequate but austere care.
- Logistical links for resupply of Class VIII supplies are well defined.
- Medical evacuation means and routes are planned for, as well as effecting the necessary coordination with other services and allied nations.
- Veterinary support is sufficient for surveillance of foodstuff and care of government-owned animals.
- A mass casualty plan is prepared and provision is made for the practice of the plan.
- Alternate sources of HSS are considered, and if appropriate, incorporated into the plan. These alternate sources may include, but are not limited to—

- Diplomatic flights for medical evacuation or resupply.
- Embassy and HN physicians, if available.
- Allied nation capabilities for emergency care and hospitalization.
- Contingency plans are required for HSS in the event of the withdrawal of the peacekeeping force or the escalation of hostilities. If hospitalization support is not available within the immediate area, plans must be coordinated with

those units providing hospitalization support. In light of the potential terrorist threat in peacekeeping operations, it is imperative that hospitalization (location, characteristics, laboratory, blood supply, and capacity) support be available in the event of a mass casualty situation.

- Health service support elements employ passive defense measures to reduce their vulnerability against sabotage or terrorist incidents. These measures include such actions as light and noise discipline or restricting access into an area by channeling the flow of traffic within the area. Additional information on passive defense measures is contained in FM 100-37.