

## CHAPTER 1

**HEALTH SERVICE SUPPORT IN ARMY OPERATIONS****1-1. The Army's Keystone Doctrine**

Field Manual 100-5, the Army's keystone doctrinal manual, describes how the Army thinks about the conduct of operations. It is a condensed expression of the Army's participation in diverse environments in terms of what the force does in operations other than war (OOTW) and how the Army conducts war.

**1-2. Range of Military Operations**

*a.* The US seeks to achieve its strategic aims in three diverse environments.

(1) *Peacetime.* During peacetime, the US attempts to influence world events through those actions which routinely occur between nations. Typical peacetime operations include—

- Disaster relief.
- Nation assistance.
- Security and advisory assistance.
- Counterdrug operations.
- Arms control.
- Treaty verification.
- Support to domestic civil authorities.
- Peacekeeping.

(2) *Conflict.* Conflict is characterized by confrontation and the need to engage in hostilities short of war to secure strategic objectives. Although the American people, our government, and the US Army prefer peace, hostile forces may

seek to provoke a crisis or otherwise defeat our purpose of deterring war by creating a conflict. At the point where diplomatic influence alone fails to resolve the conflict, persuasion may be required, and the US could enter a more intense environment in which it uses the military to pursue its aim.

**NOTE**

The Army classifies its activities during peacetime and conflict as OOTW.

(3) *War.* The most violent and high-risk environment is that of war, with its associated combat operations.

*b.* Regardless of the specific type of operation, a return to the environment of peace is a major component of the desired strategic end-state.

**1-3. Army Operations**

*a.* Often the Army will find itself operating in all environments at once. The Army's mission is that of—

(1) Projecting land power to distant theaters, The Army supports power projection through force projection. This is a demonstrated ability to rapidly alert, mobilize, deploy, and conduct operations anywhere in the world. Forces are moved from the continental United States (CONUS) or a theater in response to requirements of war or OOTW. Force projection spans from mobilization and deployment of forces to distant theaters, to their redeployment to CONUS or their home theater and, subsequently, to their demobilization. Force projection involves the entire Army, as a forward presence or CONUS-based, both active

and reserve components, and supported by Department of Defense (DOD) civilians and civilian contractors.

(2) Conducting operations in several environments, sometimes simultaneously, and maintaining forces to operate across the spectrum of war and OOTW as part of joint and combined forces. The Army does not fight alone. It integrates its efforts in joint operations with its sister services, with other national agencies, and will usually be in conjunction with allies in operations outside the US.

(3) Supporting our allies in nation assistance and peacetime competition. Army forces routinely conduct peacetime activities outside continental United States (OCONUS) in OOTW as the potential for conflict escalates.

*b.* The Army must focus on deterring aggression through strength with a smaller force. It must also foster initiative in its leaders so that they will be able to adjust to the dynamics of the battlefield. It is important to realize that the Army's keystone doctrine discussed in FM 100-5 represents an evolution, not a revolution, in our military thinking.

#### 1-4. **Need for a Health Service Support System**

*a.* The dynamics of our global responsibilities require a HSS system that is flexible to support the diversity of operations.

*b.* Providing comprehensive HSS to Army Operations requires continuous planning and synchronization of a fully integrated and cohesive HSS system. The system must be responsive and effective across the full range of possible operations. Medical unit commanders and HSS planners must be proactive in changing

situations, applying the medical battlefield rules as the situation requires.

#### 1-5. **Medical Battlefield Rules**

*a.* The HSS planner and operator applies the following rules, in order of precedence, when priorities are in conflict:

- (1) Maintain medical presence with the soldier.
- (2) Maintain the health of the command.
- (3) Save lives.
- (4) Clear the battlefield.
- (5) Provide state-of-the-art care.
- (6) Return soldiers to duty as early as possible.

*b.* These rules are intended to guide the HSS planner to resolve system conflicts encountered in designing and coordinating HSS operations. Although medical personnel seek always to provide the full scope of HSS in the best manner possible, during every combat operation there are inherent possibilities of conflicting support requirements. The planner or operator applies these rules to ensure that the conflicts of HSS are resolved appropriately.

*c.* The rationale for the battlefield rules is based on prevention of disease and injury and the evolving clinical concept which demonstrates that with good medical care the trauma victim will probably survive the injury.

- (1) Good medical care, to be precise, means that the injured soldier receives prompt

medical care: he is adequately resuscitated, he is stabilized, and stabilization is maintained during evacuation.

(2) The goal of resuscitation and stabilization is the restoration of vascular volume with adequate oxygen delivery to the cells. This condition means that the patient's bodily systems have available the amount of oxygen demanded to ensure viability. The patient can then be evacuated over a greater distance to a rearward medical treatment facility (MTF) with time being less of a major concern to save life or limb.

(3) Good medical care and stabilization prior to evacuation is a major aspect in determining whether the patient survives provided stabilization is sustained during evacuation. Early medical care with the ability to adequately stabilize must be available with less delay from the time of injury than it has ever been in the past. An enhanced capability to sustain stabilization during evacuation must also be provided.

*d.* By way of illustration, consider a rapid assault of short duration where the composition of the task force precludes deployment

of a definitive medical care facility. A medical support conflict now arises between supporting the commander's intent and providing optimal care to the soldiers. The conflict can be resolved appropriately by applying the battlefield rules. Planners must increase the medical presence with the soldiers to resuscitate casualties and maintain stabilization pending evacuation. Greater reliance on forward medical presence compensates for the inability to employ hospitals near the battlefield, supports the commander's intent, and still provides the patient with state-of-the-art medical care within the limitations imposed by the battlefield. The battlefield rules are thereby used as a means of conflict resolution.

#### **1-6. The Health Service Support Planning Goal**

The planner, by carefully applying medical doctrine and the principles outlined in this manual, will strive to provide the best possible HSS system for all Army operations. Proper planning enhances the capability of medical units to provide effective HSS which is a key factor in conserving combat power.