



INTERNATIONAL MILITARY MEDICAL ASPECTS OF STABILISATION OR COIN



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OBJECTIVES

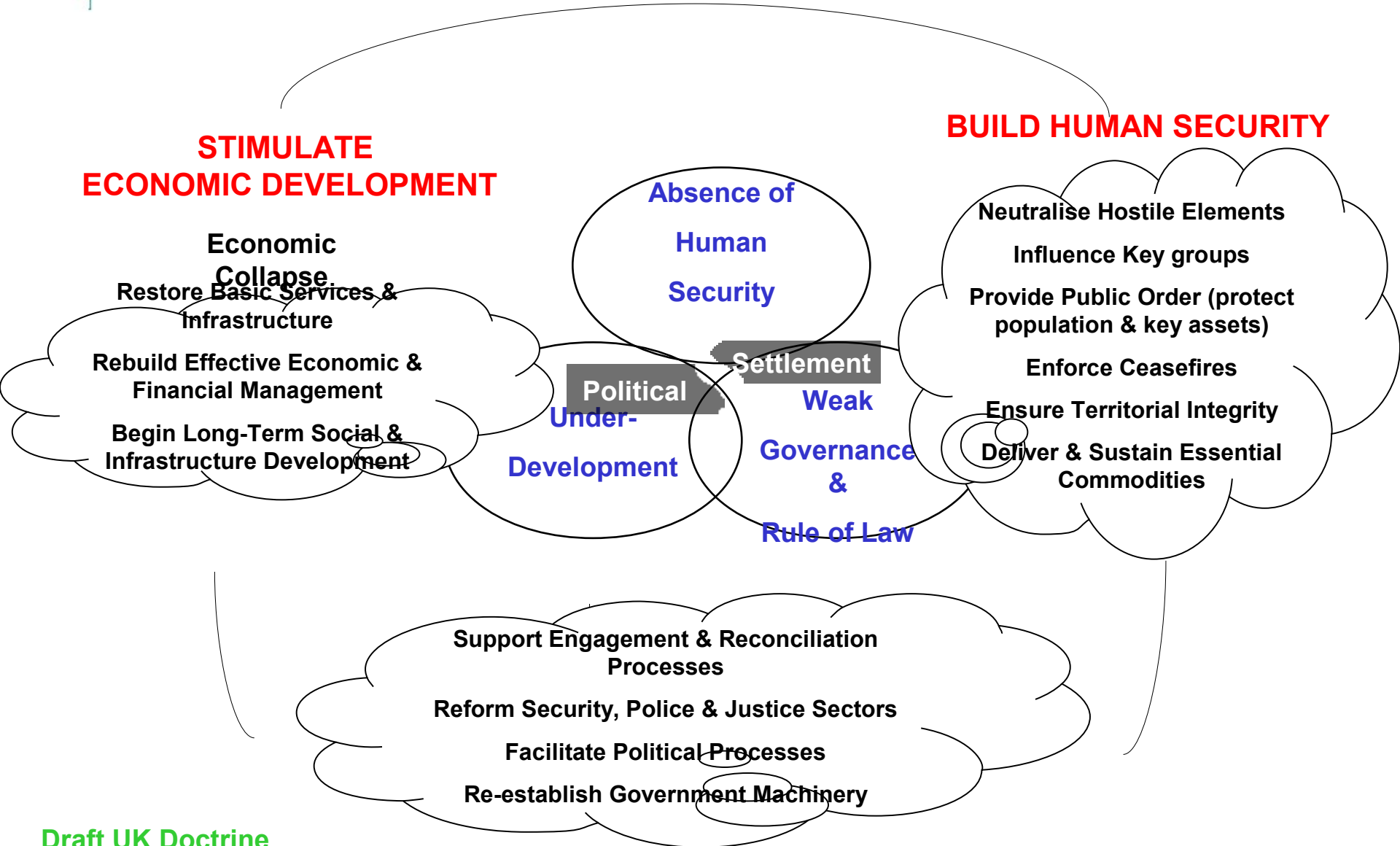
- Background to Stabilisation/COIN
- Medical Assistance to SSR
- Military Medical Assistance to R&D
- Points for discussion



STABILISATION

STIMULATE ECONOMIC DEVELOPMENT

BUILD HUMAN SECURITY



Absence of Human Security

Neutralise Hostile Elements
 Influence Key groups
 Provide Public Order (protect population & key assets)
 Enforce Ceasefires
 Ensure Territorial Integrity
 Deliver & Sustain Essential Commodities

Economic Collapse
 Restore Basic Services & Infrastructure
 Rebuild Effective Economic & Financial Management
 Begin Long-Term Social & Infrastructure Development

Settlement Weak Governance & Rule of Law
 Political Under-Development

Support Engagement & Reconciliation Processes
 Reform Security, Police & Justice Sectors
 Facilitate Political Processes
 Re-establish Government Machinery



A/THE COMPREHENSIVE APPROACH

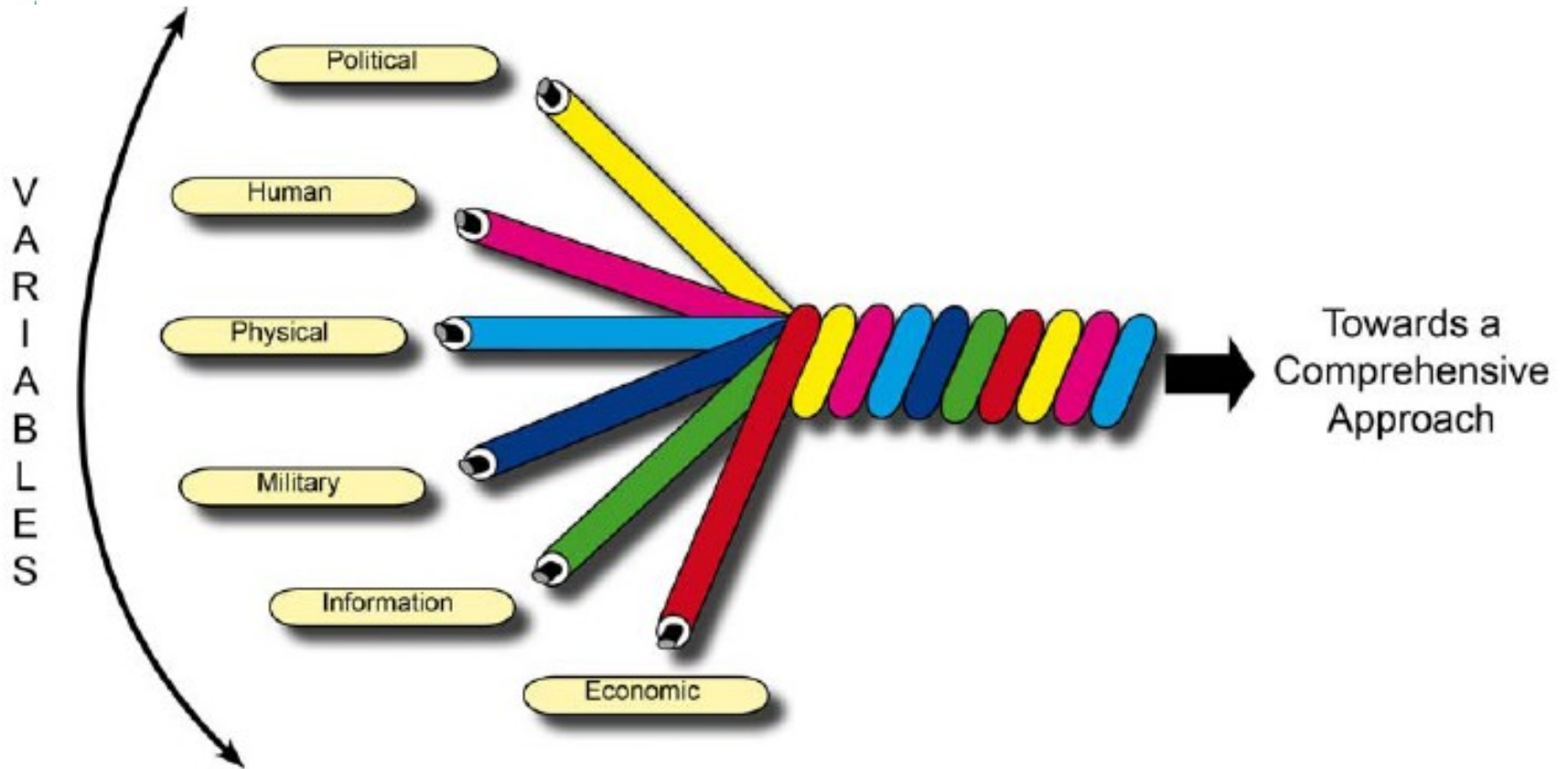
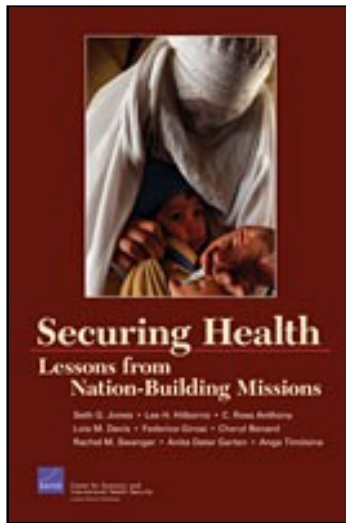


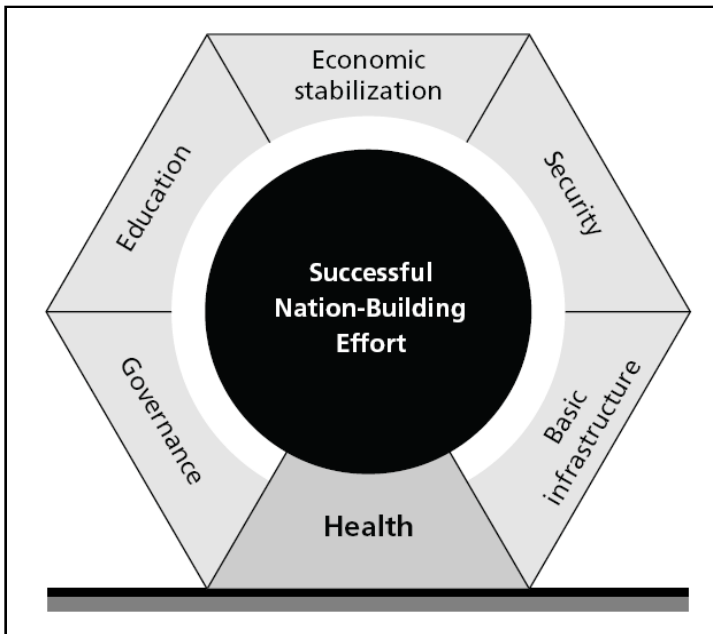
Figure 2-1 Variables of the COE



RAND STUDY



- Health as an independent variable
- Impact of other sectors on health
- Coordination and planning
- Infrastructure and resources
- Sustainability, Capacity and tipping points
- Exit strategies
- Performance metrics
 - Health Services
 - Public Health





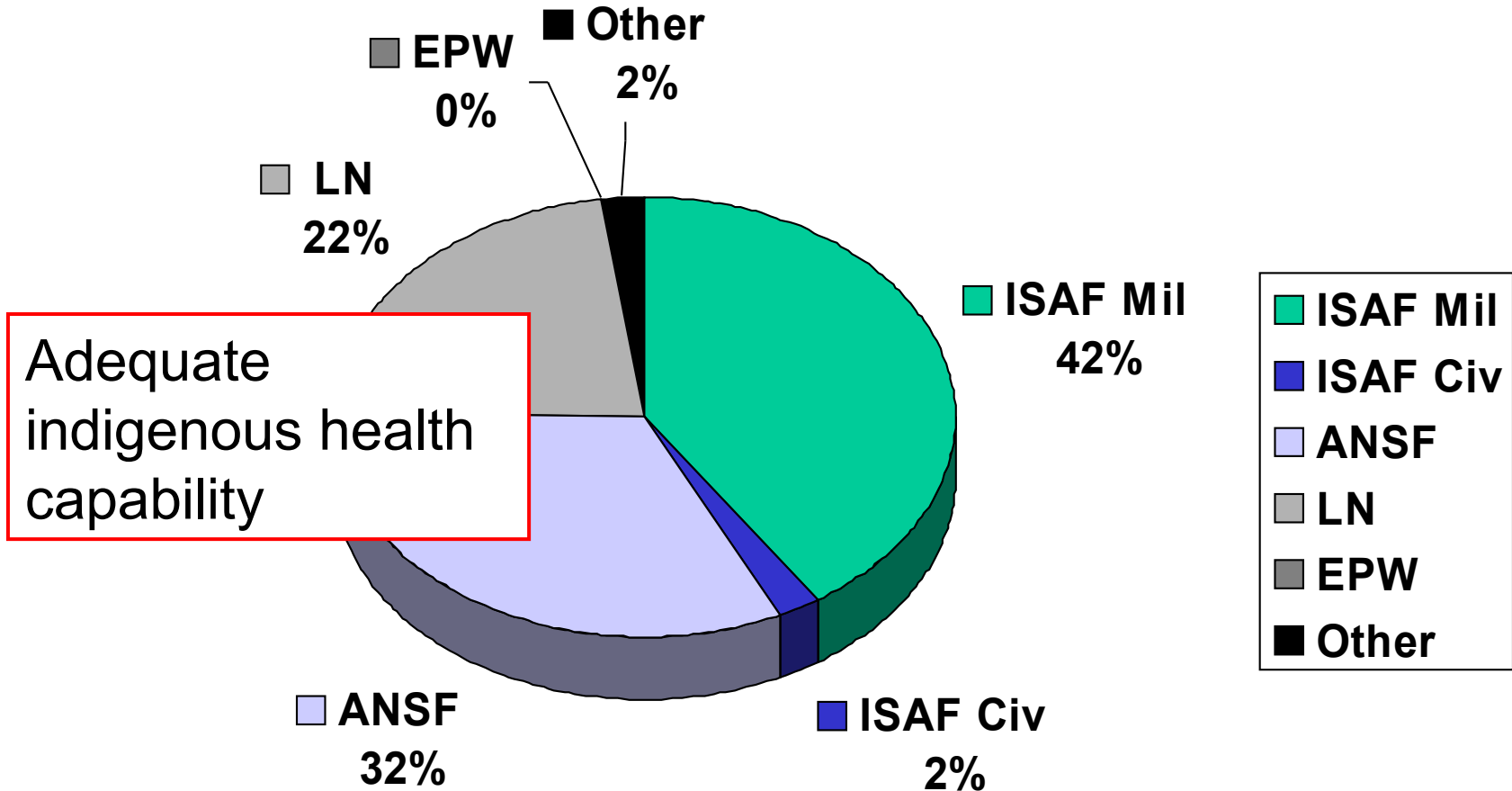
MEDICAL/HEALTH

- Medical Support to Security Operations
 - Moral Component of Fighting Power
 - Non-linear and multi-threat battlespace
 - **Expansion of PAR**
 - Multi-national/collaborative medical system
- Military Assistance in Security and Development
 - **Medical assistance in SSR**
 - **Military medical assistance in R&D**



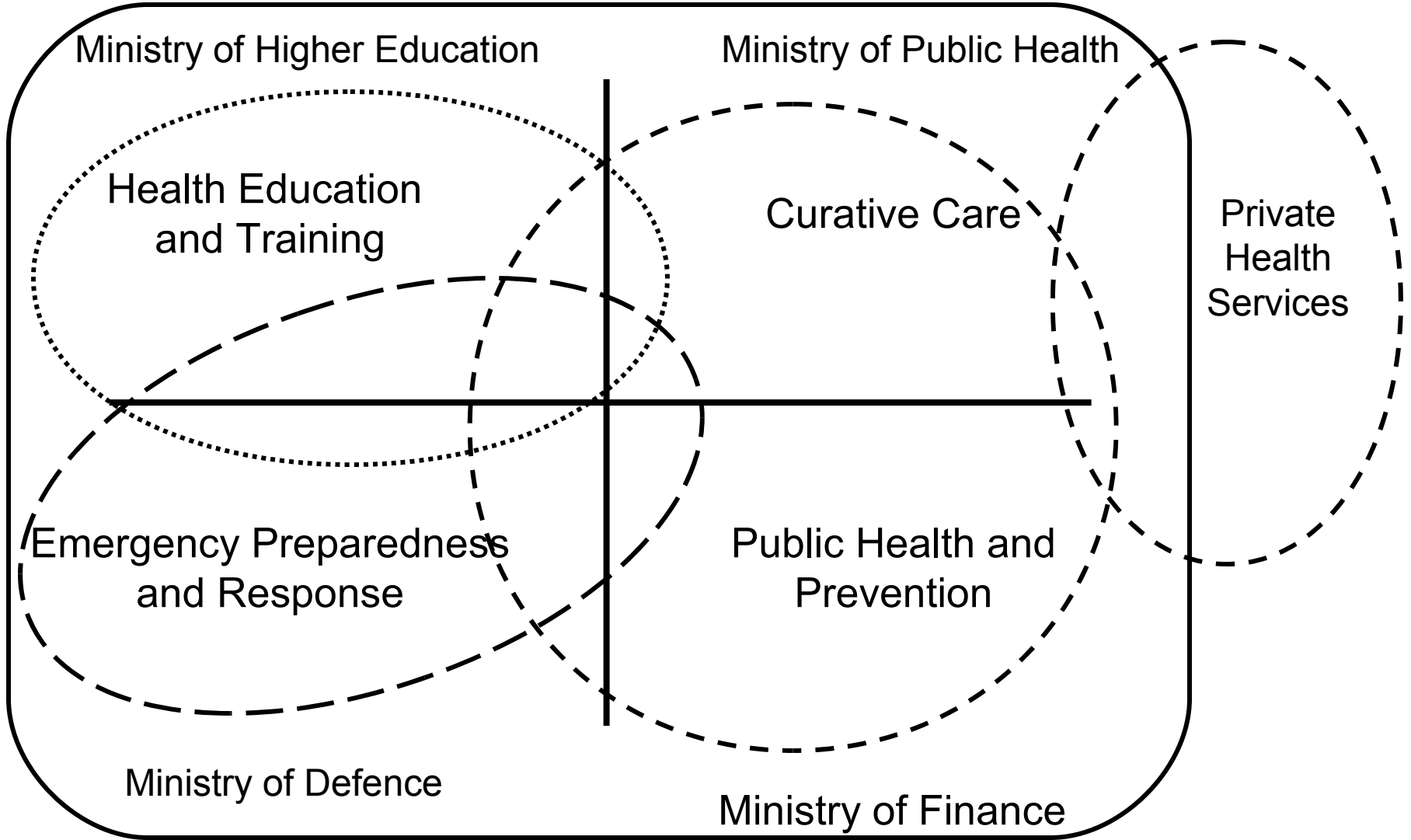
EXPANSION OF PAR

MEDEVAC Missions

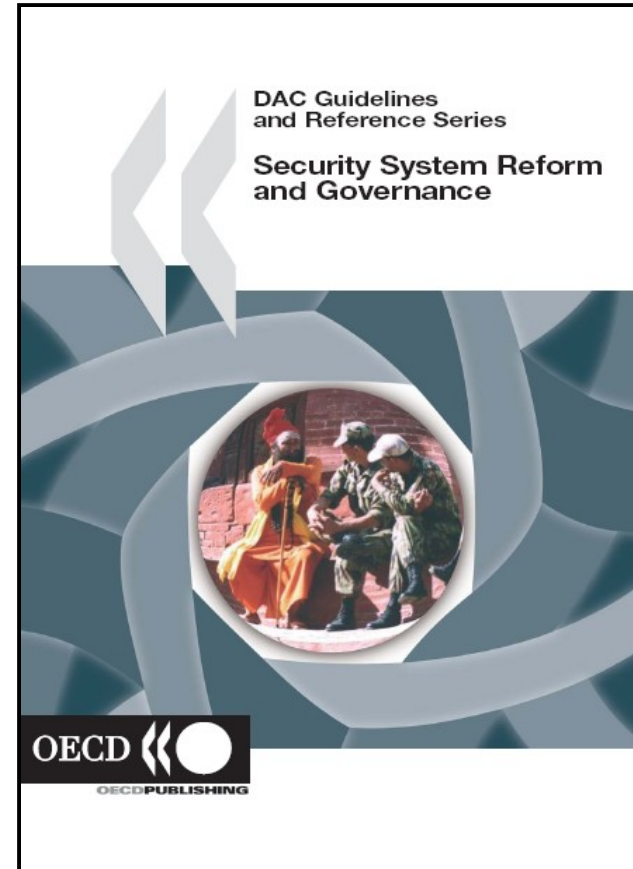
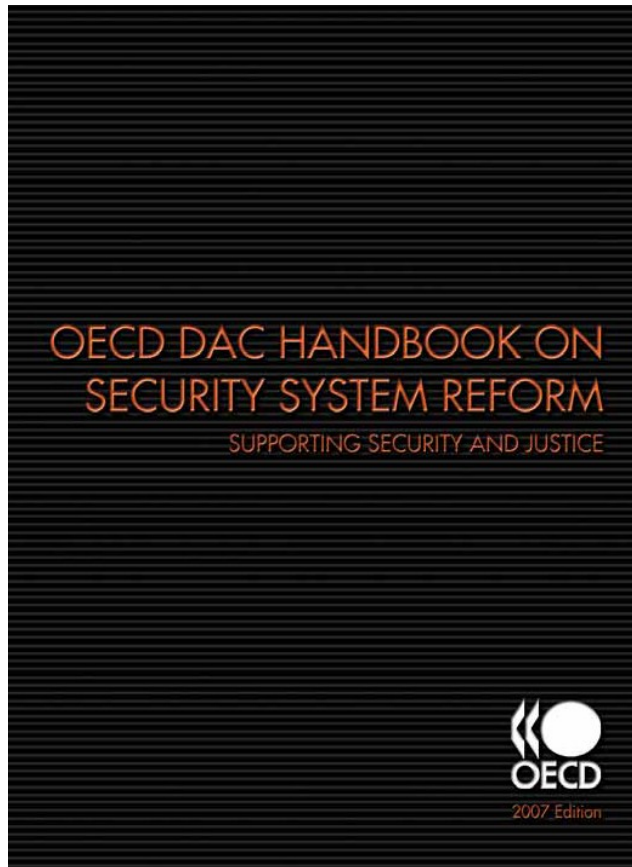


'Clinically appropriate and culturally sensitive'

INDIGENOUS HEALTH SECTOR



SSR PRINCIPLES



OECD – Organisation for Economic Co-operation and Development
DAC – Development Assistance Committee



MEDICAL WITHIN SSR

- Strategic
 - Medical within security structure
 - Military vs civil sector provision
 - Military medical within national health sector
 - Health of Security Sector personnel
 - Health personnel - recruitment, retention, education and training
 - Health services infrastructure
- Operational
 - Medical within operational planning
 - MEDEVAC capability
 - Treatment capability
 - Medical logistics
 - Security Sector medicine within 'Hearts and Minds'
- Tactical
 - Pre-hospital care
 - MEDEVAC
 - Preventive medicine



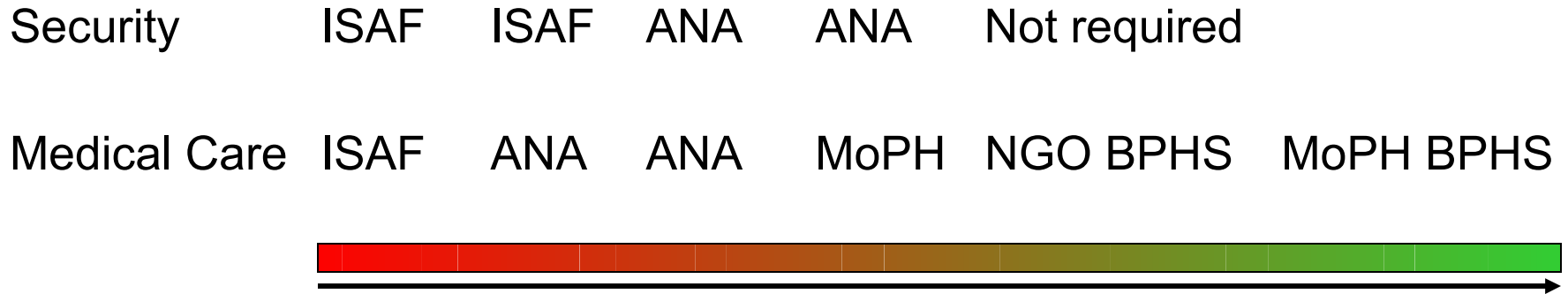
MILITARY WITHIN HEALTH SECTOR DEVELOPMENT

- Comprehensive Planning
 - PRTs at tactical
 - Med link to CJ9
 - CJ9 link to civilian development
- Capacity building
 - Link to SSR
 - Mil/civ overlap
- Direct patient care
 - Eligibility
 - MEDCAP/VMO



SPECTRUM OF MEDCAPS/VMOs

Goal : Afghan to care for Afghan

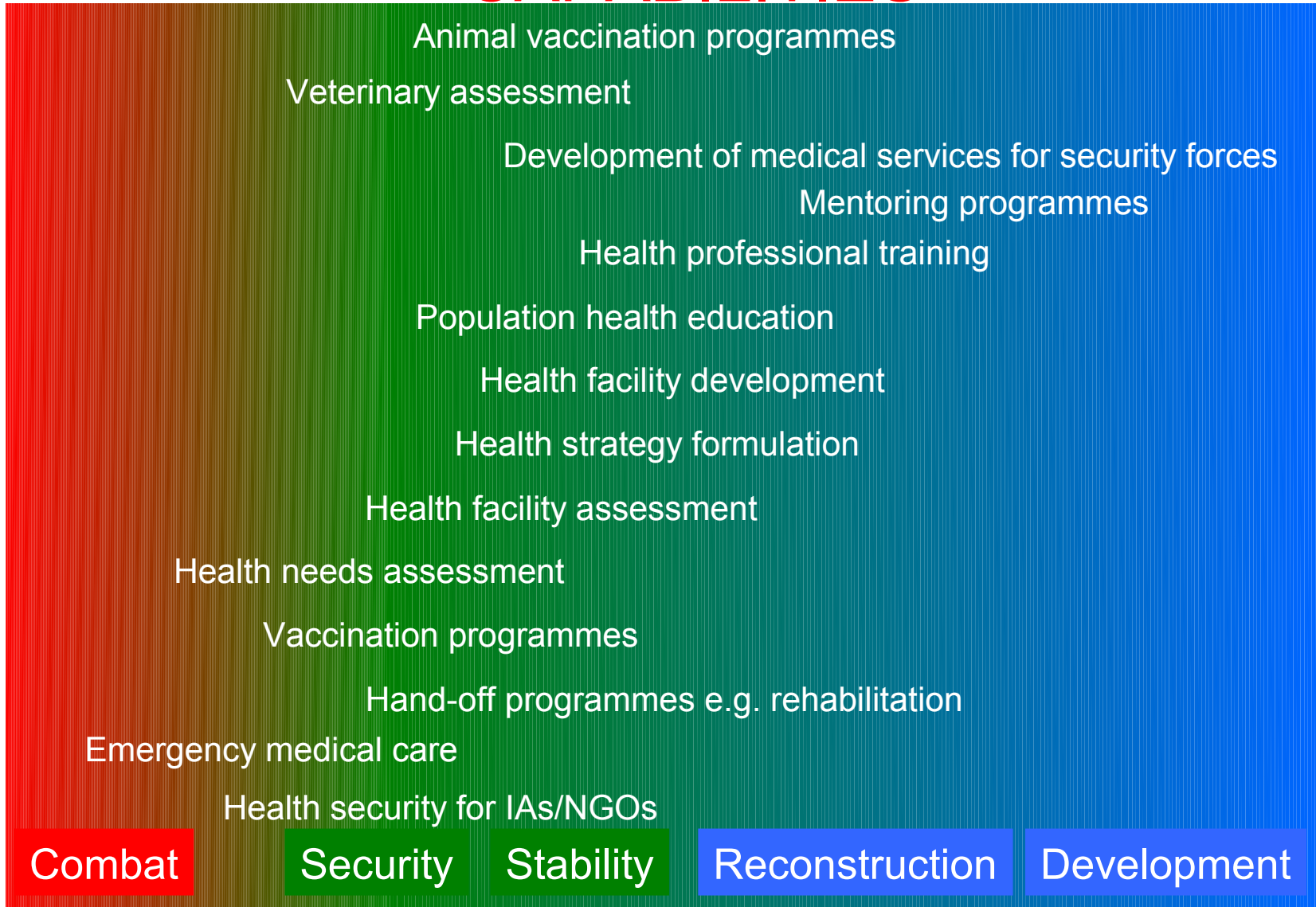


Increasing
 Local, Afghan security
 Local health capability
 Decreasing
 International involvement

Key
 ISAF – International Security Assistance Force
 ANA – Afghan National Army
 MoPH – Ministry of Public Health personnel
 NGO – Non-Government Organisation
 BPHS – Basic Package of Health Services



SPECTRUM OF MILITARY MEDICAL CAPABILITIES



Combat

Security

Stability

Reconstruction

Development



DISCUSSION POINTS

- Is military med engagement in SSR/R&D optional?
- Who pays?
- Is the concept of Humanitarian Space valid in COIN/Stab Ops?
- What does 'clinically appropriate and culturally sensitive' mean? – ICU, burns, rehabilitation, social costs
- What does health capacity building look like? Mil? Civ?
- Is any specific pre-deployment education/training required?
- Are any new military medical capabilities required?



QUESTIONS