

Managing Medical Support to Military Operations – The Headquarters Regional Command (South) Experience

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This short editorial covers a collection of papers that describe the elements of medical management and leadership required to deliver medical support to military operations. The papers were written at the end of November 2010 to capture the collective experiences of the multinational team who formed the medical branch of Headquarters Regional Command (South) (HQ RC(S)) in the South of Afghanistan from 1 Nov 2009 to 1 Nov 2010 during the period of UK leadership of the HQ.

RC(S) is one of six International Security Force Afghanistan (ISAF) regional commands. Five Afghan Provinces (Kandahar, Zabul, Uruzgan, Helmand and Daykundi) fell under the responsibility of RC(S). Helmand (the UK area of operations) was transferred to HQ RC(SW) in the middle of 2010. Kandahar is the largest, most populated province and was the most critical to ISAF strategic objectives at the time. The medical support in RC(S) was designed around a “hub and spoke” model, with the hub in Kandahar. Kandahar Airfield (KAF) contained a NATO Role-3 Hospital, an Afghan National Army (ANA) hospital (Kandahar Regional Military Hospital (KRMH)) and the Mir Weis, an Afghan civilian hospital run by the International Committee of the Red Cross. Helmand, Zabul and Uruzgan Provinces served as three the primary “spokes” off the “hub” of the healthcare system, both containing Role 2 healthcare facilities. At its peak in the summer of 2010, HQ RC(S) oversaw the function of three Role 3 and three Role 2 Enhanced (R2E) hospitals, eight designated helicopter medical evacuation tasklines and five types of medical evacuation aeroplanes. During the tour the medical staff managed the forward medical evacuation of 8036 casualties compared with 5994 for 2009.

During this tour there were five rounds of formal military planning and subsequent operations. The first was to establish the campaign plan for the duration of the UK leadership of RC(S). This set the sequence of operational activity under the banner label Operation MOSHTARAK (Dari for together) and examined the detail for Phase 1. Phase 1 was the re-balancing of forces to meet

the strategic objectives of protecting the civilian population from insurgent intimidation and violence, and to promote stability and improved governance by the Government of the Islamic Republic of Afghanistan (GIROA). The second planning cycle was the detailed plan for Operation MOSHTARAK Phase 2, the UK and US Marine operation in the Marjah area of Nad Ali District in Helmand Province in February 2010. The third phase of Operation MOSHTARAK was labelled Operation HAMKARI (co-operation in Dari) and broken down into three Phases. The third planning cycle was for Phase 1 in and around Kandahar City in Kandahar Province in April/May 2010. The fourth planning cycle concerned Operation HAMKARI Phase 2 in Argandab District in Kandahar province in July 2010. The fifth planning cycle was a similar effort for Operation HAMKARI Phase 3 in Zhary and Panjwa'I District in September/October 2010. The RC(S) medical branch was intimately involved in providing the medical support plan in each of these planning cycles.

This collective experience forms the underpinning evidence for the descriptions of each medical function described in the papers. In sequence the articles discuss the changed context for military operations at the beginning of twenty-first century compared to that which our military medical structures were designed to support. How medical planning is interlinked to wider military planning with particular emphasis on the methodology for casualty estimation and medical resource planning is then examined as these are two areas where the experiences of the personnel working in a Regional Command HQ are much broader than those who have only worked in UK national HQs. The majority of the articles cover the execution of medical operations, including medical evacuation both from point of injury to first hospital care (MEDEVAC) and between hospitals in a theatre of operations (TACEVAC). There are additional papers on deployed hospital care, casualty regulation and healthcare governance on operations. The theoretical concepts described are then re-examined in the context of their practical application in the execution of medical operations by providing a full narrative of the whole process of medical support to a specific, large multinational operation, OP MOSHTARAK Phase 2. The final two papers focus on engagement with the indigenous security forces medical services and engagement with the indigenous civilian health sector.

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Role 2 Light Manoeuvre (R2(LM))

Light, highly mobile Medical Treatment Facilities (MTF) with the following capabilities: specialist medical officer led resuscitation, damage control surgery with post-operative care, field laboratory, basic imaging, reception, regulation, evacuation, limited holding capacity.

Role 2 Enhanced (R2(E))

Small field hospitals; Role 2(LM) plus primary surgery, surgical and medical intensive care, nursed beds, enhanced field laboratory, casualty decontamination.

Role 3 (R3)

Theatre secondary health care possibly including: specialist surgery (neurosurgery, maxillo-facial surgery, burns), advanced and specialist diagnostic capabilities (CT scan, arthroscopy, sophisticated lab tests), major medical specialities (internal medicine, neurology, intensive care, ophthalmology).

Whilst each article may be usefully read in isolation, they are designed to be examined together. Abbreviations are explained in each article but the Levels of deployed care are not and the following definitions have been used throughout (Box 1).

I hope these papers will be of value to the whole readership of the Journal. They provide practical lessons for the members of the Defence Medical Services in management and leadership posts to assimilate. They will provide confidence to the clinical readership that there was, indeed, a plan. Finally they will contribute to the retrievable record of this generation's experience in managing and organising medical support to military operations in Afghanistan.

Box 1. Definitions of the levels of deployed medical care