

## Chapter 1

# Fundamentals

Focus of health service support (HSS) in the past has been on establishing a large and complex system to maximize returns to duty. Our current focus emphasizes the provision of far-forward, mobile, medical and surgical support and stabilization and rapid evacuation of casualties who are unable to quickly return to duty.

HSS is a process that delivers on demand to the warfighter a healthy, fit, and medically ready force; counters the health threat to the deployed force; and provides critical care and management for combat casualties. Aided by technological innovation and logistics, HSS is the employment of medical forces in support of the warfighter.

HSS supports the National Military Strategy of forward presence and power projection. HSS strengthens the warfighting commander by providing essential care in the theater and rapid aeromedical evacuation (AE) of casualties to enhanced medical treatment facilities in the continental United States (CONUS) for definitive care without sacrificing quality of care.

### **1001. Mission**

The HSS mission is to minimize the effects that wounds, injuries, and disease have on units' effectiveness, readiness, and morale. The mission is accomplished by a preventive medicine program that safeguards personnel against potential health risks and by establishing an HSS system. The system provides support from

the point of wounding, injury, or illness and evacuation to a medical treatment facility that can provide the level of care required by the patient.

## 1002. Principles

HSS principles are guides for planning, organizing, managing, and executing Service support. Seldom will all principles exert equal influence; usually, one or two will dominate a given situation. Identifying which ones have priority is essential to establishing effective HSS. Joint Pub 4-02, *Doctrine for Health Service Support in Joint Operations*, states that each Service component has an HSS system that encompasses—

- Conformity—the medical plan must integrate and comply with the commander’s plan.
- Proximity—the medical plan must provide HSS as close to combat operations as the tactical situation permits.
- Flexibility—the medical plan must shift HSS resources to meet changing requirements.
- Mobility—the medical plan must anticipate requirements for rapid movement of HSS units to support combat forces during operations.
- Continuity—the medical plan must provide optimum, uninterrupted care and treatment to the wounded, injured, and sick.
- Coordination—the medical plan must ensure that HSS resources in short supply are efficiently employed and used effectively to support the planned operations.

### **1003. A Healthy and Fit Force**

HSS promotes wellness and ensures quality of life to strengthen the human component of military forces against disease and injury. A healthy force ready to deploy anywhere in the world and ready to withstand hardship and deprivation assures warfighting commanders of physical and mental readiness. Wellness requires continuous attention before, during, and after deployment to sustain maximum readiness and warfighting capability.

### **1004. Casualty Prevention**

HSS focuses on both forms of threat: enemy and health. The enemy threat produces combat casualties, whereas the ever-present threat to health produces disease and nonbattle casualties and is a major source of morbidity throughout military history. The enemy threat depends largely on the enemy's intent to use force and to inflict casualties. The health threat depends on a complex set of environmental and operational factors that combine to produce disease and nonbattle injuries. Failure to counter either threat jeopardizes mission accomplishment and ultimately achievement of the operational objective.

### **1005. Casualty Care and Management**

HSS deploys smaller, mobile, and capable elements to provide essential care in the theater. HSS resources are flexible and adaptable and can be tailored to missions ranging from major theater wars to military operations other than war. The major components of casualty care and management are first response,

prehospitalization treatment, forward resuscitative surgery, tailorable hospital care, and enroute care.

### **1006. Functions**

Medical plans must include the following functions into the HSS concept of operations:

- Health maintenance—routine sick call, physical examination, preventive medicine, dental maintenance, record maintenance, and reports submission.
- Casualty collection—selection of and manning of locations where casualties are assembled, triaged, treated, protected from further injury, and evacuated.
- Casualty treatment—triage and treatment (self-aid, buddy aid, and initial resuscitative care).
- Temporary casualty holding—facilities and services to hold sick, wounded, and injured personnel for a limited time, usually not to exceed 72 hours. The medical battalion, force service support group, is the only HSS unit staffed and equipped to provide temporary casualty holding.
- Casualty evacuation—movement and ongoing treatment of the sick, wounded, or injured while in transit to medical treatment facilities. All Marine units have an evacuation capability by ground, air, or sea.

## 1007. The Hague and Geneva Conventions

The conduct of armed hostilities on land is regulated by the law of land warfare, which is both written and unwritten. The law of land warfare is derived from two principal sources: custom treaties and lawmaking treaties such as the Hague and Geneva Conventions. The rights and duties set forth in these conventions are part of the supreme law of the land. Violation of any convention is a serious offense. Under the Conventions, the signatories established the principle of disinterested aid to all victims of war including those who, through wounds, capture, or shipwreck, are no longer enemies but are merely suffering and defenseless human beings. Additional protocols to the Geneva Conventions, accepted and signed in 1977, established the manner in which the victims of war are to be treated. The Conventions established standards of conduct for medical and religious personnel assigned to aid victims. The United States is a signatory to the Geneva Conventions of 1949 and has directed its military forces to abide by its articles. However, future asymmetrical theaters, especially nonstate actions, may not abide—in fact, probably will *not* abide—by the convention accepted by nation states.

Refer to the following sources for principles of international and domestic law and the status and protection of medical personnel under both Conventions.

- NWP 1-14M/MCWP 5-2.1/COMDTPUB P5800.7, *The Commander's Handbook on the Law of Naval Operations*.
- FM 27-10/FMFM 0-25, *The Law of Land Warfare*.
- DA PAM 27-1, *Treaties Governing Land Warfare*.

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