

# The Command and Control of health

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- The presenters have no conflicts of interest to disclose.



- Command and Control (C2) are critical to mission success.
- Army Health is a unique contributor to the land domain, providing multiple, highly technical trades and effects to the battlespace.
- The effective planning and control of these effects supports commanders to win the land battle.

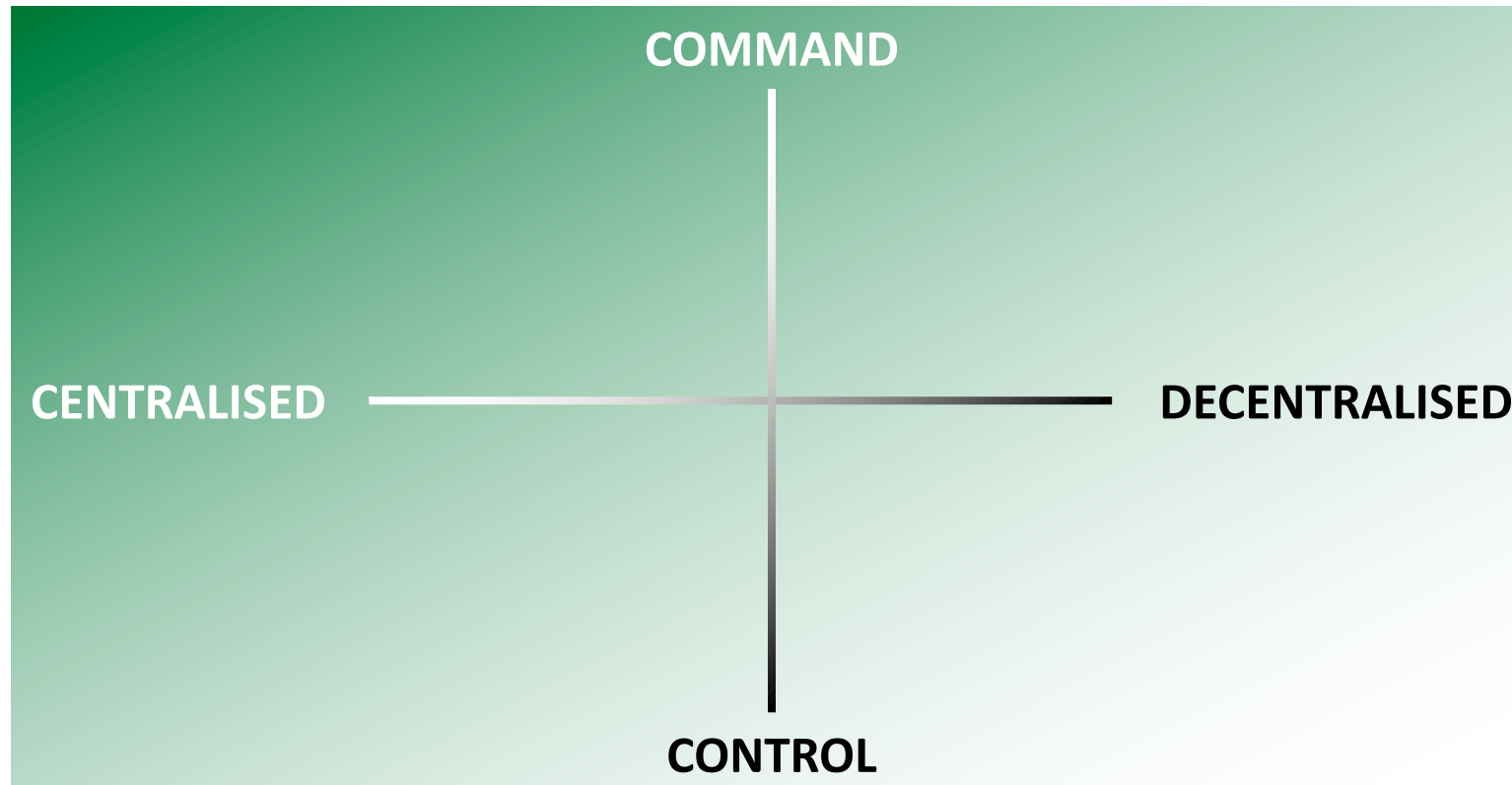


- The C2 of Army's health capabilities and effects has *atrophied* due to a number of factors.
- Army's Command and Control (C2) structures are changing.
- It is critical to review emerging C2 concepts as the basis for Army's Health C2.



1 CHB conducts contracted AME rehearsals, 2017





- Readiness
- Force assignment
- Casualty regulation

- Clinical assurance
- Prevention
- Treatment

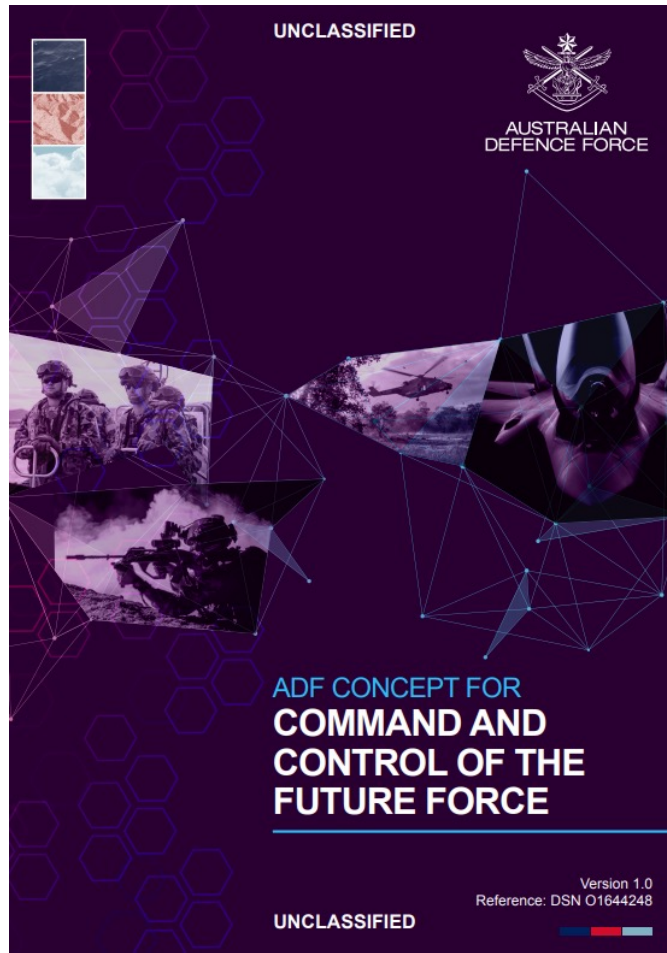
- Casualty evacuation
- Raise, train, sustain
- Health planning





- ADDP 1.2 notes the requirement for Operational health support to have *centralised command* and *decentralised control*.
- It requires the establishment of **supported** and **supporting relationships** to achieve this.





- Planning for larger scale operations highlights the need to review emerging C2 concepts as the basis of health C2.
- The ADF Concept for Command and Control of the future force (2019) proposes a central theme:

***“Hierarchical Command – Agile Control”***



- **Command.** The authority that a military member lawfully exercises through rank or appointment to *determine what is to be achieved* by subordinate forces.
- **Control.** The act of *coordinating forces towards outcomes determined by Command*. Control is undertaken by elements that integrate the actions of forces necessary to achieve Command intent.
- **Agile Control.** An Agile Control system can *proactively transition between centralised or decentralised relationship models* to optimise force integration for the operating environment and mission.





- The **Mission Command** philosophy continues to be critical to the functioning of command and control in the Australian context.

*“[Mission Command is] a philosophy for command and a system for conducting operations in which subordinates are given clear direction by a superior of their intentions”*

- **Agile Control** seeks to update the definition to include:

*“Under mission command, **commanders direct what is to be achieved** but leave **controllers free to decide how to achieve assigned tasks.**”*





# Army

# Agile Control



This concept changes the current idea of control from being the authority exercised by a commander to **an idea where control is the authority delegated to someone who is not a commander but must coordinate the action of forces.**



- Health elements operate across the entire battlespace.
- Health C2 relationships are by extension variable.
- The command relationship (COMREL) of health capabilities and effects is often poorly understood when using traditional command status descriptors.





- The Health formation seeks to ***optimise the Health workforce*** across Army...to achieve greater oversight, governance and clinical readiness.
- It is ***optimised to support combat operations*** as part of the Joint Force and contributes to mission success.
- Each subordinate unit...is ***responsible for the provision of combat health support*** (excluding Garrison health support) of Forces Command, [1 AS Div], Special Operations Command and 2 AS Div.



## OS BOS – TACTICAL TASKS

- **Direct support**, which provides fire requested by the supported unit.
- **Reinforcing**, which augment fire of another artillery unit.
- **General support**, which supports the whole.
- **General support reinforcing**, which supports the whole with fire augmentation of another artillery unit.



“OS control is the ability to apply the desired OS effect through the assignment of a particular artillery tactical task”



## CSS (Health) BOS – *Proposed* TACTICAL TASKS

- **Direct support**, which provides *Health effect* requested by the supported unit.
- **Reinforcing**, which augment *Health effects* of another *Health capability*.
- **General support**, which supports the whole.
- **General support reinforcing**, which supports the whole with *Health effect* augmentation of another *Health capability*.



“*Health* control is the ability to apply the desired *Health* effect through the assignment of a particular *Health* tactical task”





- Army
  - The role of Cbt Bde and 1 AS Div Health staff, planners and controllers
  - OS and MS BOS
- Combined/Joint
  - Joint Health Command
  - CJTMC
  - Aeromedical Evacuation Control Centre (AECC)
- Coalition (US, UK, CAN, NZ)
  - Role of the Surgeon General
  - Specialist Health Commands
  - Organic health effects at R1 and below





# Army

# What could it look like?



## Supported Commander



Battle Group COMD  
(Unit Command)



Combat Bde COMD  
(Brigade Command)



DIV COMD  
(Divisional Command)



Coalition/Corps COMD  
(Corps Command)



Coalition/CJOPS  
(Theatre Command)



CHC PL COMD  
(BG LO)



CHC OC (Bde HQ LO)  
OSC OC (Bde Log LO)



Health Bn CO  
(DIV HQ Staff/LO)



Health Bn CO  
(Corps HQ Lvl Staff/LO)



Health Bde COMD  
(Theatre HQ Staff/LO)

SURG COY OC (R2 FORCE ASSIGNED)

## Supporting Commander/Health Effect Controller



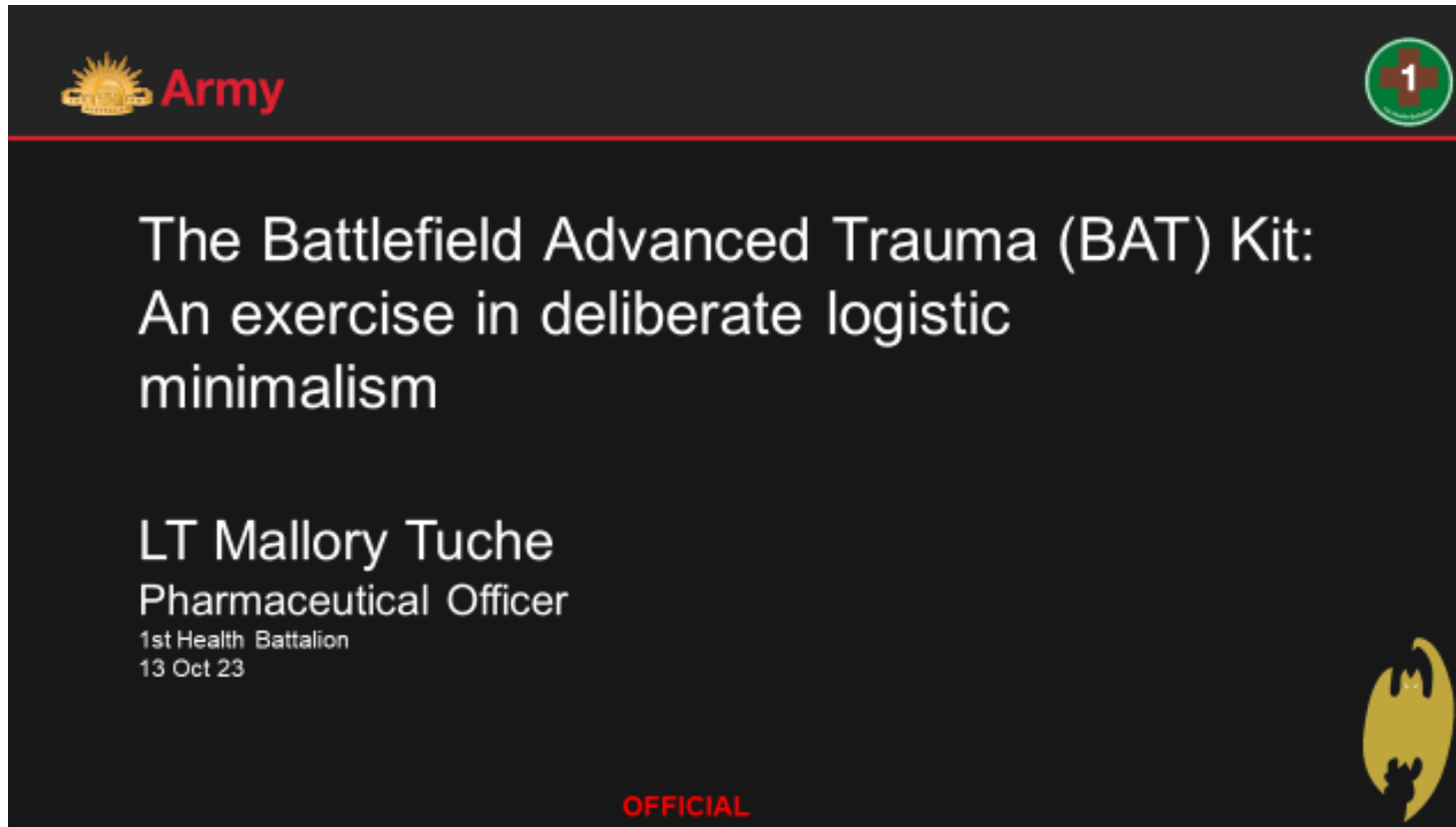
- Health may not always *command* the mission, though through the effective *control* of health effects when supporting others, it is able to contribute greatly to mission success.
- By looking critically at C2 systems and language, health will be able to better exercise *agile control* of an essential and finite enabler.
- Evolving health C2 will better enable health elements to play their part in achieving mission success *in support of* the future force.



# Questions/Discussion



If you enjoyed this presentation, be sure to check out:



The slide features the Army logo and the 1st Health Battalion logo in the top left and right corners, respectively. The main text is centered and reads: "The Battlefield Advanced Trauma (BAT) Kit: An exercise in deliberate logistic minimalism". Below this, the presenter's name and title are listed: "LT Mallory Tuche, Pharmaceutical Officer". Further down, the location and date are specified: "1st Health Battalion, 13 Oct 23". At the bottom center, the word "OFFICIAL" is written in red. A small yellow bat icon is visible in the bottom right corner of the slide.



Fri, 13 Oct – Session 6 – 1345 h – BelleVue Ballroom 1

