

## MEDICAL INTELLIGENCE AND MEANS OF MASS DESTRUCTION

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### **Keywords**

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### **Abstract**

Highlighting the role of Medical Intelligence (MEDINT) in the fight against contemporary security threats, especially against means of mass destruction is the major message of the article. In order to develop effective MEDINT for a particular area or region, the certain types of information are required. At all levels, neither the intelligence nor the medical branches individually can maintain all relevant databases and/or information to ensure the proper management of MEDINT. The key to effective MEDINT lies in the correct utilization of the Medical/Veterinary Branch and Intelligence agency interface. Medical Intelligence is a critical facet of Force Protection (FP) and consists of action taken to counter the debilitating effects of environment, disease and selected special weapons systems through preventive medical measures for personnel, systems and operational formations. It also involves identification of appropriate infrastructures and installations relevant to public health and medical support. The aim, background, general aspects and aspects of MEDINT will be critically revised. Albert Einstein (Thorpe, 2003 in Mulej et al, 2006) said: ***“Let us simplify as much as we can, but no more.”***

### **1 Introduction**

BI-SC DIR 65-7 (2005) declares the aim of cited directive, which is “to promulgate the responsibilities required for processing Medical Intelligence (MEDINT) in NATO in order to ensure comprehensive support to Commanders (Decision Bodies) at all levels of commands”. The developing concept for NATO’s ability to respond outside the traditional areas of operations has increased demands for comprehensive, integrated, timely, and cohesive MEDINT. MEDINT is needed to better support NATO’s decision-making bodies and military Commanders before, during and after involvement in operations. This includes the ability to meet the MEDINT requirements of the Joint Force Commands and all subordinated units. Fully integrated intelligence encompasses: **warnings, political, economic, military political, military scientific and technical, medical intelligence, and intelligence on issues of transnational importance** (AJP-4.10.3, Podbregar, Ivanuša 2008).

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Medical information is defined as “*any information on medical or environmental threats, or medical facilities or capabilities which has been gathered through non-intelligence channels and which has not been analyzed for intelligence content. Such information is an essential component of operational medical planning and should be shared freely among members of the Alliance*” (STANAG 2481, Podbregar, Ivanuša, 2008).

MEDINT is a subset of intelligence and is the responsibility of both the medical and intelligence staffs. MEDINT serves several essential purposes at the strategic and operational levels of planning. This is especially true with regard to the increased importance NATO is placing on crisis response operations that necessitate a reliance on Host Nation facilities available to non-Alliance countries. Intelligence and medical personnel must work together to develop a comprehensive medical intelligence program. This cooperation must be at all levels and all phases of intelligence cycle (AJP- 2.0. , Podbregar, Ivanuša, 2008).

In order to develop effective MEDINT for a particular area or region, the following types of information are required (for example purposes only):

- Endemic and epidemic disease, public health standards and capabilities and the quality and availability of health services in the area of operations.
- Military and civilian medical capabilities such as medical supplies and blood products, health service facilities, and the number of trained personnel.
- Specific diseases, strains of bacteria etc.
- Foreign animal and plant disease, especially those transmissible to human.
- Health problems relating to the use of local food and water supplies.
- Medical effects of radiation and prophylaxis for chemical and biological agents.
- Possible casualties that can be produced by weapons system, to include **weapons of mass destruction**.
- Areas of operations such as altitude, heat, cold, swamps etc. that own forces may encounter. (AJP-4.10.3, Podbregar, Ivanuša, 2008).

## 2 Medical Intelligence Program Management

In terms of MEDINT production, Allied Command Operations (ACO) implements an approach which, whilst broadly based on existing guidelines, must:

- Meet requirements for high quality, timely, tailored and predictive assessment.
- Make the most effective use of analytical resources and avoid unnecessary duplication.
- Ensure that Joint Force Commanders have sufficient staff to support a Combined Joint Task Force (CJTF) operation for medical intelligence.
- Further develop the MEDINT Section on the NATO Web as an essential enabler for analysis and the management of shared production responsibilities.

To meet these requirements Supreme Headquarters Allied Powers Europe (SHAPE) has developed a concept of centralized direction and decentralized intelligence production across ACO as detailed by this directive (BI.SC DIR 65-7, 2005, Podbregar, Ivanuša, 2008).

At all levels, neither the intelligence nor the medical branches individually can maintain all relevant databases and/or information to ensure the proper management of MEDINT. Whilst intelligence branches possess personnel with intelligence analytic skills with access to channels for requesting MEDINT from the nations, they lack medical expertise to frame the Request for Information (RFI) and process the responses. Conversely, the medical branches maintain personnel with medical expertise, who lack the skills to access the raw information or finished intelligence.

The key to effective MEDINT lies in the correct utilization of the Medical Branch and J2 interface. There is no intent in using the J2 organization to collect and process information, which is readily available through normal medical planning means. Equally, the intelligence should not be used where information, which is sensitive because of its source or possible exposure of intentions, is needed or where finished classified MEDINT is required. Good liaison between the two communities is necessary to provide and protect MEDINT without duplication or gaps. In particular, liaison is necessary in the direction and procession parts of

the Intelligence Cycle. The appropriate personnel within both areas need to be identified and included in this program (AJP-4.10.3, Podbregar, Ivanuša, 2008).

The SHAPE Medical Branch is designated as the lead office for MEDINT matters with the J2 Division providing a supporting role. One medical intelligence analyst position will be developed and embedded in the Medical Branch. This shall be a full-time position and the incumbent will coordinate directly with the J2 Division. At the Operational Level, the designated medical representative will assume this responsibility as an additional duty. At the Tactical Level, nominated individuals should have a basic knowledge of MEDINT and ensure that they initiate the liaison between branches with the Operational Level and activate the process where necessary (AJP-4.10.3, Podbregar, Ivanuša, 2008).

It is assumed that there will be a period of considerable manpower difficulties in the transition to the new NATO Command Structure (NCS) and Peace Establishment (PE). Job description for the proposed new PE has been completed and contains few references to MEDINT responsibilities (AJP- 4.10.3, Podbregar, Ivanuša, 2008). Dependent on the aim and the objectives, MEDINT should be included in NATO exercises to the maximum extent possible. NATO will work closely with the Alliance nations to further develop the MEDINT program.

### **3 Medical Intelligence and Force Protection**

MEDINT is a critical facet of Force Protection (FP) and consists of actions taken to counter the debilitating effects of environment, disease, and selected special weapon systems through preventive medical measures for personnel, systems, and operational formations. It also involves identification of appropriate infrastructure and installations relevant to public health and medical support.

Finished MEDINT has to facilitate the development of policies, procedures, and plans. It is required to enable proper medical preplanning for operations and exercises by qualified medical recommendations derived from the intelligence process. Consequently the following list of generic medical Priority Intelligence Requirements (PIRs) have been developed to assist with the selection and application of such requirements to meet the variety of planning tasks and situation that might be encountered. This list is not comprehensive for all response options, but is designated to be a “starting point” for identifying MEDINT that is needed.

#### **DISEASES:**

- What are the endemic diseases of operational importance in the area of operations (AO) that could adversely affect the health of Allied Personnel?
- What are the operational important diseases?
- What is the geographic distribution of operationally important diseases associated with elevation, terrain, and vegetation and are they limited to selected geographic foci?
- What are the historical trends and variations (incidence, prevalence etc.) of operationally important diseases? What are the seasonal implications?
- What is disease situation in the civil population and how might they impact on medical support requirements associated with civil-military cooperation (CIMIC)? What significant diseases outbreaks have occurred in refugee populations? What disease outbreak can be projected in refugee populations if no preventive or corrective measures are taken?
- What communicable diseases, for example tuberculosis, are projected as being significantly drug-resistant?
- What is the status of AIDS and HIV in the civil population?

#### **ENVIRONMENTAL HEALTH FACTORS:**

- What are the environmental characteristics that could have negative effects on health of NATO personnel?
- What is the status of public infrastructure such as water supply, surface water supply, water treatment plants and systems, sewage treatment systems piping etc?
- What are the major sources or potential sources of industrial, including chemical, nuclear and agriculture pollutants? Where are they located? Have they previously been an area of concern?

- What types of antivenin supplies are available indigenously to counter venomous bites?

#### MEDICAL INFRASTRUCTURE AND CAPABILITIES:

- How many fixed site medical treatment facilities exist and where are they located (geographic coordinates)? Do any of the major hospitals have a helipad? Are the helipads capable of receiving helicopters?

- What is the quality of service relative to modern western European standards of medical care?

What are the capabilities of those facilities? What services and clinical specialists exist?

- Where are the major blood banks? What is their capacity? What diseases are screened?

- Where are the major pharmaceutical plants? Are they compatible to western European standards? (AJP-4.10.3, Podbregar, Ivanuša 2008).

## 4 Discussion/Findings

In summary:

- MEDINT is used to assist the Commander in making decisions about issues that may affect troops and operational consideration.

- MEDINT is more than preventive medicine.

- Joint Medical / Intelligence responsibility.

Terrorism is a complex feature against which a successful defense is impossible, if a single profession and a single viewpoint of consideration is applied; thus, too many essential attributes would not receive attention. If, e.g. we must defend our-selves against means of mass destruction, we must use a synergy of findings from life, social, and engineering sciences. This requires creative interdisciplinary cooperation, and therefore professionals who are both specialists and able and willing to listen and hear well specialists from other disciplines because they disagree with each other and thus complete each other up. They possess and apply ethics of interdependence of the mutually different ones as components of the same entity. This capacity results from application of Mulej's Dialectical Systems Theory (DST) as the one among many systems theories that is not focusing on a precise description of complex features labeled systems; DST rather develops further the basic idea of Bertalanffy, the father of systems theory, who created it against the current over-specialization and therefore as the worldview of holism/wholeness and related methodology.

Attack, e.g. in the form of terrorism, and defense, e.g. defense against means of mass destruction, are interdependent, which means, in need of each other and complementary to each other, like thesis and antithesis are in philosophy of dialectics. In addition they are complex and can therefore not be managed successfully with application of one single profession/discipline/viewpoint/specialization. Narrow specialization enables a deep insight, but it leaves many attributes that really exist out of insight, while they do not stop being around and having their impact. This impact become a surprise, often an unpleasant, dangerous or even fatal one, because the consideration of the problem with application of the 'requisite holism' of behavior was unable to provide the 'requisite wholeness' of insight and resulting decisions and actions (Mulej et al, forthcoming, and earlier, since Mulej, 1974, including Mulej, 1979; Mulej et al, 1992; Mulej et al, 2000; Mulej, Zenko, 2004, b; Mulej, 2007; Mulej et al, 2008). Further discussion is limited simply by clandestine characteristics of MEDINT.

## 5 Conclusions

Mulej (2009) is clear: "A big majority of attempts to transform an interesting idea into a winning product fail to succeed because the process participants behave with over-simplification, hence one-sidedly and therefore with many oversights leading to unpleasant surprises. In this contribution we are trying to point to many viewpoints and synergies to be unavoidably considered for a product to become a winner".

Recent outbreak (which has been predicted in our presentation in 2006 – Podbregar, Ivanuša, 2006, TIEMS, Trogir, Croatia) of a porcine flu should be the reason to overcome the gap

between theory and practice; meaning implement MEDINT as a course of action and as a crucial precondition to incentive early warning and reporting.

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