

# A NEW LOOK ON CIVIL MILITARY OPERATIONS

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## Abstract

Civil Affairs has a long history of helping ease the impact of war on a civilian population. To this end, providing medical care and education to a civilian population is beneficial. When these can be provided by host nation assets instead of solely by U.S. Forces, the benefits are exponential. Examined here is a summary of how a Civil Affairs team accomplished these goals in the Philippines during the spring of 2007.

As a Navy physician, I thought I knew what Civil Military Operations (CMO) entailed. After all, I had many classes at the Uniformed Services University of the Health Sciences, where a plethora of pictures were shown of Navy providers assisting a third world country with our unique medical skills. In the past, I didn't think I was far off. However, I was, as amplified by a story recently told to me by a Command Sergeant Major.

Approximately a year and a half ago, he was leading a Medical Civic Action Program (MEDCAP) on Sulu, Philippines. At that time, secondary to lawlessness and insurgency, security concerns were high. Specifically he indicated that two Operational Detachment – Alpha (ODA) teams, fully kitted up with body armor, helmets, and long guns, were required as a minimum to provide security to the U.S. medical providers.

This seemed in line with what had been taught of U.S. Navy civil military operations, classically, a large U.S. vessel would pull into the vicinity of the planned MEDCAP site, offload a security element, setup isolation borders / boundaries, and disembark a bunch of U.S. providers to render care. Metrics at that time were relative value units (RVUs) and numbers of host nation patients seen by U.S. providers.

Presently, I am acting as the Joint Special Operations Task Force - Philippines (JSOTF-P) Surgeon, in Zamboanga, Philippines. I recently had the educational experience of observing how a Civil Affairs Team runs their version of a MEDCAP. Their Special Operations Combat Medic (SOCM), SFC James "Levi" Shearer and their Team Sergeant, MSG Woody Wilson, were quick to tell me I would be in an observation role only. "Sure thing," I thought – "right up until they got loaded down and needed some help" – I was in for a shock!

Two days before our arrival, the provincial health office had delivered half of the anticipated medical supplies for the MEDCAP. The night before the MEDCAP, all of the supplies were loaded into a trailer. This turned out to be the only work U.S. providers would do during the entire evolution, and for that matter, essentially the only work U.S. Forces would do.

The next morning, the Philippine Marines escorted and provided security at the MEDCAP site. Upon arrival, we began unloading the medical supplies (again, half was host nation purchased and half was U.S. funded) and were agreeably assisted by a veritable cornucopia of volunteers that seemed to be coming out of the woodwork.

Through previous liaisons, the Civil Affairs Team had already established volunteer and benevolent host nation support. Non-governmental organizations (NGOs), host nation providers, and Armed Forces of the Philippines (AFP) personnel provided ALL medical care, ALL pharmaceutical management, ALL dental care, ALL minor surgical care, and ALL logistical processing of patients.

The key to this success is getting all the organizations in the same location at the same time. This was accomplished by breaking down the MEDCAP coordination into three meetings: initial (introduction of a possible site), midterm, and final planning conferences. During the initial planning conference, any possible concerns about the security or issues with the choice of location were addressed. The midterm planning conference was used to determine what each organization was able to bring to the MEDCAP and to determine transportation requirements, if any. The final planning conference was used to identify any problems that may have been overlooked and to final-

ize the date and time of the event. It is imperative to invite everyone to these meetings; their knowledge can be the difference between success and failure. Also, involving all the organizations during this process gives them a sense of ownership and pride in the project. These simple steps have made U.S. participation almost nonessential, and in Civil Military Operations, the main goal is to work oneself out of a job. What they have done with MEDCAPs is help the host nation foster a renewed rapport with a wide variety of local populations.

Neither myself nor any other U.S. medical provider assisted in any manner – not that we wouldn't or couldn't, but we simply weren't needed. We weren't needed because they had taught the regional health officers and other parties to plan and conduct their civic-based MEDCAPs on their own – it taught them to fish as opposed to providing them with fish. Reducing the overall participation of U.S. forces in projects like this MEDCAP builds the people's confidence and fidelity in their military and government. Instead of locals saying "Thank you U.S.," they are accurately saying "Our own government really cares."

Now in reality, it had a bit of a hometown fair feel to it. There were children's movies, games, prizes, and wonderful integration of the community with the Philippine Marines. With things like the games for children and adults and educational videos directed mostly at the youth, CMO is helping the host nation drive a wedge between lawless radicals / insurgents and the local people. In the end, the town, with help from Philippine organizations and Philippine Marines, had essentially put on their own MEDCAP. Through SFC Shearer's, and MSG Wilson's mentoring, over 500 men, women, and children were contacted, cared for, and countless more learned the great outcome of embracing their local government and Marines. What was once just a MEDCAP has now become a community event.

**Author's Note:** This article was written in the April/May 2007 time frame. Since then, all parties have moved on to new commands.



SFC James "Levi" Shearer, 68W4P "S" "W-1" "W-4", with B Co., 97th Civil Affairs BN, 95th Civil Affairs BDE Fort Bragg, NC. Previous assignments include: USA MEDAC and 209th MP Company, 509th Infantry BN Airborne (OPFOR), 782nd MSB, F Co-96th Civil Affairs; F Co, A Co, and B Co-97th Civil Affairs. He has been deployed to Kuwait 1997, Kuwait / Iraq 2003, Iraq 2003, Africa/Yemen 2005, and the Philippines 2007 & 2008. He has been selected for the Army Physician Assistant Program this November 2008.



SFC (P) Woody Wilson joined the Army on 11 Nov 93. His tours have included: Ft. Benning GA, 1/506th in Korea, 3/327th, 1/501st, 1/505th, and 2/60th. After his tour as a Drill Sergeant, he was assigned to 96th Civil Affairs where he graduated from the Civil Affairs course, and the Advanced Non-commissioned Officers Course (E-7 School) & Language School. He was deployed to Ethiopia, Africa, and then to the Philippines. Upon returning from the Philippines he was reassigned to HQ AFRICOM, Stuttgart, Germany, which is where he currently hangs his hat.



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