

MILITARY MEDICAL OPERATIONS IN THE SAF: A NEW PARADIGM

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ABSTRACT

This article covers a brief description of Military Medical Operations (MMO) in the Singapore Armed Forces (SAF). It goes on to discuss that as the complexity of the modern operating environment increases with the advent of non-traditional threats, the role of MMO in the SAF must diversify beyond its traditional roles. Such a transformation sees MMO moving beyond healthcare provision and Service-orientated medical operations, into areas like medical diplomacy and global health engagement. According to the authors, MMO needs constant adaptation and re-invention for it to thrive and fulfil its mission to the SAF.

INTRODUCTION

“Change is the only constant”, Heraclitus, the great Greek philosopher once philosophised.¹ This adage illustrates the evolution of armed conflict and the constant challenge it poses upon military operations. The conflicts of today are more complex and fought beyond a single dimension. Large-scale conflicts of old, where great masses of military forces met in the open field, have given way to asymmetrical, low intensity battles.² Likewise, contests of will occur beyond the battlefield, moving into the geo-political-social, cyber, trade and other non-traditional fronts. Like the rest of the SAF, the Medical Corps must meet the rising needs of non-kinetic unconventional threats of today. In fact, the scope of MMO within the SAF, as with most modern militaries, is constantly being redefined amidst the current geo-political uncertainties.

A BRIEF HISTORY OF MILITARY MEDICAL OPERATIONS IN THE SAF

The origins of MMO in the SAF were humble and service-centric. During the initial years, the primary focus of the SAF was the development of service-specific operational capabilities (Army-Combat Casualty Care, Air Force-Aviation medicine and Navy-Diving and Hyperbaric medicine). The aim was to support the immediate warfighting needs of the SAF. Undoubtedly, this was and will remain the *raison d’être* of the SAF Medical Corps and will form the foundation upon which future capabilities are built upon.

FROM SERVICE MEDICAL OPERATIONS TO JOINT MEDICAL OPERATIONS

As the SAF transited from a 1st Generation to 3rd Generation fighting force, integrated

task forces were born with a mixture of inter-service assets and personnel. The formation of Joint Staff allowed the generation of greater synergy and co-ordination across the three services.³ This formed the impetus for the introduction of the tri-service HQ Medical Corps in 1987. In 2008, the General Staff Branch of HQ Medical Corps (HQMC) was transformed into the Joint Medical Operations Branch (JMOB) to better reflect its tri-service role in MMO. It was given the mandate of monitoring peacetime medical operational readiness and current medical operations proficiency in planning and co-ordinating medical support missions across all services in the SAF.⁴ When the proverbial 'button' is pushed, JMOB will co-ordinate and plan the medical support requirements together with the respective Medical Service operational elements to ensure mission success for the SAF.

INTERNATIONAL MILITARY MEDICAL OPERATIONS AND CO-OPERATION

The Medical Corps has played an active role in international peace support and Humanitarian and Disaster Relief (HADR) missions.⁵ Of the 37 overseas missions to 21 countries the SAF participated in from 1970 to 2015, 21 missions involved the deployment of SAF medical teams for HADR and 7 medical and dental teams were deployed for Operation BLUE RIDGE in Afghanistan from 2007 to 2013. It is noteworthy that members of the Medical Corps have helmed key positions within key international organisations, enabling the Medical Corps to contribute not just at the tactical level but also at the operational/strategic realm. BG(RET)(DR) Benjamin Seet, former Chief of SAF Medical Corps, helmed the post of Chief Medical Officer of the Department of Peacekeeping Operations in the United Nations in 2004.

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Social Civic Missions (SCM) have formed the bedrock of medical operations undertaken by the Medical Corps throughout the years. These missions not only provide a platform for practical co-operation, but also facilitate inter-operability between militaries. SCMs organised by the Medical Corps regularly feature the deployment of medical and dental teams. Medical teams deployed in SCMs will partner regional military counterparts to provide opportunistic healthcare for the local populace. Depending on the needs of the local populace, such missions may occasionally include the provision of complex



CPT(DR) Clive Tan attending to a patient during the Padang Earthquake HADR mission in 2009.

treatments like cleft-lip repair, which would have been otherwise too costly for remote villagers. Dental deployments usually involve the provision of (i) school outreach oral health education programmes; (ii) primary dental services, such as simple and complex dental extractions, fillings, scaling; and (iii) sometimes even secondary dental services, such as wisdom teeth surgeries.

MILITARY MEDICAL OPERATIONS AS PART OF TOTAL DEFENCE

In the early years of nation building, the Medical Corps was frequently called upon to augment civilian resources during home front crises. An example would be the Hotel New World Collapse on 15th March 1986. The Medical Corps responded by augmenting the

fledgling Singapore Civil Defence Force (SCDF) with medical personnel. The Severe Acute Respiratory Syndrome (SARS) outbreak in 2003 saw the Medical Corps working closely with the Ministry of Health to contain the outbreak. When Singapore hosted key events like the Singapore Youth Olympic Games in 2010 and the recent 2016 Southeast Asian Games, the Medical Corps provided the frontline medical support at multiple games venues. On an annual basis, the Medical Corps undertakes the task of providing medical resources for National Day Parade. The Medical Corps were able to provide close, responsive medical care while maintaining the flexibility to mount co-ordinated contingency responses with home front agencies.



CPT(NS)(DR) Seah Tian Ee performing a wisdom tooth surgery during a DENCAP mission with secondary dental services, and is assisted by local dental assistants.



Former Chief of Medical Corps, the late BG(RET)(DR) Lim Meng Kin (extreme right of picture) at the site of the Hotel New World accident.

MILITARY MEDICAL OPERATIONS – BEYOND STATUS QUO

Military Medical In National Defence

In May 2015, Singapore's Prime Minister Mr Lee Hsien Loong stated at the Shangri-La Dialogue in Singapore, "The threat is no longer there; it is over here... it is not so far-fetched that ISIS (Islamic State of Iraq and Syria) could establish a base somewhere in the region, a geographical area under its physical control... That would pose a threat to the whole of Southeast Asia."⁶

Terrorism has gained adherents at an alarming rate in Southeast Asia, with recent attacks in Singapore's neighbouring countries. An attack in Singapore has the potential to threaten the social fabric upon which Singapore is built, and amongst our multi-cultural and multi-religious society. In this climate of heightened security threats, the role of MMO is no longer confined to casualty management in the traditional battlefield. Instead, the nation's healthcare system can tap into SAF's resources and battlefield healthcare knowledge to deliver treatment in highly

fluid operating environments. For example, by leveraging SAF's command and control system, SAF medical personnel can quickly respond to a terrorist attack and augment the frontline medical response. This is especially important when large number of casualties can rapidly overwhelm the SCDF frontline medical responders. Beyond frontline medical care, the SAF can help strengthen the emergency preparedness of the healthcare system by holding or being part of joint training and exercises with the local medical community. This strengthens not only our treatment facilities, but allows the medical community to mount a co-ordinated response to home front crises.

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Medical Diplomacy and Regional Health Engagement

Health is increasingly becoming a preferred area for international engagement. It is an area that can simultaneously benefit the targeted population, while advancing the SAF's strategic interests.⁷ Health can be an effective, ethical platform for engagement, both in a security co-operation capacity, and as part of disaster response.⁸ There are 2 main areas of focus that SAF can explore in its regional health engagement efforts:

Focus 1: Strengthening Regional Co-operation and Capacity Building in Military Medicine

In 2010, under the auspices of the ASEAN Defence Ministers' Meeting (ADMM), military medicine was identified as one of the five areas for practical collaborations amongst ASEAN and the Plus nations. The resulting ADMM Plus Experts Working Group-Military Medicine (EWG-MM) propelled the Medical Corps to the forefront of military medicine collaborations in the region as the 1st co-chair of the working group alongside Japan. Singapore's three-year EWG-MM tenure as co-chairman culminated in the ADMM-Plus HADR/Military Medicine Exercise in 2013. This was a significant milestone in the ADMM-Plus co-operation when for the first time, 18 countries came together to participate in this exercise in Brunei.⁹ The EWG-MM platform sets the stage for further collaborations among the ADMM Plus nations in military medicine.

Such engagements, whether through security initiatives like the EWG-MM or other bilateral/multilateral arrangements allow bi-directional exchanges of knowledge and experience, and increase the competency of the participants, while enhancing interoperability.

Focus 2: Deployment of niche medical capabilities in disaster relief operations

Recent disasters have highlighted the ability and readiness of many militaries to deploy large and well-equipped medical teams (and some with surgical capability) on-site within short notice. In our case, the Medical Corps should leverage either deploying niche medical capabilities or deploying at sites that are not readily accessible. During the New Zealand earthquake in 2011, the SAF deployed a Disaster Victim Identification (DVI) team to aid in the disaster response. This was well appreciated by the local government and highlighted the value of contributing resources that provided great impact to the host nation.

During the 2004 Indian Ocean Tsunami, while many foreign medical teams congregated at Banda Aceh, the SAF capitalised on the enhanced reach provided by the Republic of Singapore Navy's Landing Ships Tank to access the remote region of Meulaboh, allowing the Medical Corps to bring much needed care to the disaster victims. This concept of deployment was again showcased in the Nepal Earthquake of 2015, when the SAF Medical Team ventured out of a very crowded Kathmandu, to the village of Gokarna. The team was able to provide medical care to the 20,000 villagers, whose access to help had been cut off due to the earthquake.

CONCLUSION

As quoted by Charles Darwin: "It is not the strongest or the most intelligent who will survive but those who can best manage change."¹⁰ As the complexity of the modern operating environment increases with the advent of non-traditional threats, the role of MMO in the SAF must diversify beyond its traditional roles. Such a transformation sees

MMO moving beyond healthcare provision and Service-orientated medical operations, into areas like medical diplomacy and global health engagement. MMO needs constant adaptation and re-invention for it to thrive and fulfil its mission to the SAF. However, it is without a doubt that this will be done, so *others may live*.

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ENDNOTES

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