
THE *NEW* ARMY: REDEFINING ROLES

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As a young officer of the *new* Army with two yearlong deployments in the war on terror — Iraq and Afghanistan — I am amazed at the changes I see. From my first experience of the military during the summer of 1998 at the United States Military Academy to the present, I have noticed a growing difference in the operations and leadership of company-level organizations. Ten years ago, commanders would not have imagined that the training, mentorship, and development of young officers would primarily take place in a combat environment. The same commanders would find it unbelievable that these same young officers would conduct nearly all training in a combat environment — with the focus on near-term, combat-related missions. All units in today's *new* Army encounter these small, yet powerful changes. The adaptiveness and agility of the *new* Army makes us all reevaluate our priorities to ensure we optimize all efforts to accomplish our missions in the contemporary operating environment.

The reach of the *new* Army is limitless. Techniques, tactics, basic operations, and even duty positions and responsibilities are in the ripples of the transformation. My personal experience as an airborne infantry headquarters company executive officer (HHC XO) during a recent 13-month deployment to Afghanistan is yet another example of the *new* Army and the vastness of its changes.

The purpose of this article is to show how the influences of the *new* Army shaped and ultimately redefined the HHC XO duties and responsibilities during my recent efforts in the global war on terrorism.

The transformation I experienced as HHC XO — in addition to my regular duties — was that I assumed the role of the special interest missions of the battalion. One such mission that was repeatedly executed was Village Medical Outreach (VMO). The VMOs allowed our battalion to reach the Afghan population through medical treatment and education, with an Information Operations (IO) influence.

The VMO missions proved to be the largest, most influential non-kinetic operations in our battalion. As the HHC XO, I assumed the role as the VMO commander. This was the most unique position because it involved the integration of more than 15 different skill sets to properly influence the population. With the brigade and battalion commander's intent, I created the vision of

During a Village Medical Outreach in Afghanistan, a healthcare professional talks with a patient.

Courtesy photos



the VMO to provide medical, veterinary, dental, mechanic, and humanitarian assistance to the local populace through all of the varying skills sets in our team. After overcoming the initial challenges of building the strategy and composition of the VMO team, we soon had a well-trained, efficient force that could conduct assistance missions in any sector and on any terrain by all forms of transportation to positively influence the population.

The vision of the VMO was to positively influence the populace to create the conditions for combat forces operating in the local area and facilitate intelligence collection. With our vision known, we developed a strategy to achieve results in our area of operations. Each village selected for VMO operations tied into current kinetic operations to assist in the intelligence collection and to foster the positive perception of coalition forces operating in the area. We wanted to maximize the effectiveness of the VMO missions in certain areas by executing them at the end of all large scale kinetic operations. The strategy was for infantry platoons and companies to conduct their operations to kill or capture anti-coalition militants and terrorists over a seven to 10-day period. Once the kinetic mission was complete, the VMO team would enter the area to show the populace that we truly cared about their well-being, while also trying to rid their country of terrorists and militants. The long-term strategy was that once we conducted these “linked-missions” several times in certain areas, the populace would develop trust and faith in the coalition forces. With the short and long-term strategies developed and understood, we had to build the VMO team to execute our strategy and influence combat operations.

To build a successful, well-balanced VMO team, our initial challenge was to find all of the personnel needed — the hardest part of this was getting the actual permission to resource the individuals who the VMO team required. Our brigade’s support battalion provided the majority of the personnel needed — medical specialists, optometry specialists, dental technicians, mechanic support, and veterinary technicians. Through our brigade and battalion headquarters, we

requested civil affairs and psychological operations (PSYOPs) teams, public affairs office (PAO) representatives, tactical human intelligence (HUMINT) teams, and local national medical support (doctors and medics). The final members of the VMO team consisted of elements from our battalion: the security element and the VMO command and control (C2) element. The security element was always an infantry platoon either already on the ground at the future VMO site or at a predetermined link-up site. Its purpose was to escort us to the selected VMO site and provide site security throughout the duration of the VMO.

Always embedded with the infantry platoon were security forces from the Afghanistan government — Afghan National Police (ANP) or Afghan National Army (ANA). The ANP and ANA were combat multipliers for three reasons. First, they showed the populace that they were there to help and to ensure a safe and secure environment for the local population to get treated. Second, they knew the area. They were subject matter experts on the terrain and the personalities of the local leaders. They introduced the VMO to the correct local leadership to foster a great working relationship that facilitated any assistance we needed from the local leadership. Finally, the ANP and ANA spoke the native language. The VMO was only effective if we could spread the message of our purpose. The ANP and ANA conducted local patrols to inform the population of our arrival and to explain our capabilities during our visit. With the infantry platoon and the Afghan security elements, we had the combat power and security to operate in all conditions.

The final members of the VMO were the C2 element. I selected a highly capable communications staff sergeant to serve as the NCOIC. His primary mission was to supervise the execution of the VMO tasks, but his unique skills also allowed him to provide the VMO with constant communications to the battalion headquarters. With the VMO team assembled, we now had to communicate our vision and strategy to ensure successful execution.

The first task was to have an initial meeting with all members of the VMO —

now called *Team Village*. At this meeting, we discussed the vision and strategy and what resources it would require to execute the upcoming mission. Besides the usual Soldiers’ load — food, water, ammunition, personal supplies, etc. — we determined what supplies each skill set would need to execute its mission with an expected customer base of 1,000 Afghans over the period of seven to 10 days. The medical teams submitted varying lists of medicines and supplies required. The mechanic team requested basic parts needed to fix local civilian vehicles, generators, and tractors. The Civil Affairs and PSYOPs teams created packages of humanitarian supplies and information products (posters, handbills, newspapers, etc.) to be distributed to the local populace. With the lists of required resources, we submitted the requests for approval by the brigade commander as part of his Commander’s Emergency Response Program (CERP) for funds to procure the necessary supplies. With approval from the brigade commander, we had the personnel, resources, and the initial plan to begin the execution of *Team Village*.

With the personnel and resources in place, our first task was to bring *Team Village* together for our location-specific operations order. This one-page document provided all members of *Team Village* with the task organization, pertinent details, timelines, tasks, packing lists, and other miscellaneous information for the upcoming mission. The one-page format we used proved to be a great way to communicate the details of the mission to all members of the VMO. Additionally, the format clearly articulated the requirements needed from outside members of our battalion — Army aviation lift assets, Air Force fixed-wing support, and other agencies that might support throughout the course of the mission.

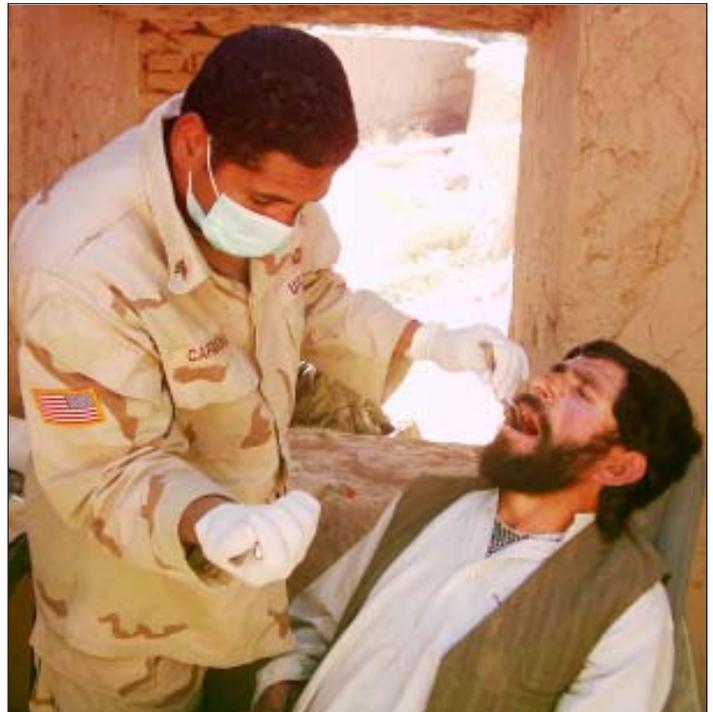
With the OPORD complete and understood by all personnel, we focused on final preparations. The first task was to pack all of the supplies and equipment. We learned that Pelican cases and two John Deere Gators proved to be the most effective transport technique during CH-47 air movements. The NCOIC tasked all VMO teams to pack their cases in an efficient manner so that upon arrival at the VMO

site, all teams could open their cases and immediately begin operations as needed. Once all cases were packed, the cases and other special equipment were loaded onto the Gators and strapped down for secure movement.

With the Gators loaded, our focus turned to individual Soldiers' equipment and packing lists. Since many of the Soldiers were support personnel and had not experienced the rigorous Afghan terrain except on major forward operating bases (FOBs), we had to be very strict in determining Soldiers' packing lists. Since we were transported to most of our VMOs by CH-47 helicopters, we did not have the time or space to have each Soldier bring excess personal equipment. We needed to quickly load and off-load the helicopters since we would be landing on semi-permissive landing zones (LZs). The NCOIC personally inspected all of the Soldiers' equipment to ensure the Soldiers had the adequate personal equipment for the duration of the mission. As we executed more and more of the VMOs, the Soldiers learned what necessary gear and equipment they needed and quickly discarded any excess equipment.

Again, we knew many of the Soldiers had never left a FOB or flown on a helicopter so we had to include a few additional training opportunities to ensure all of the *Team Village* Soldiers knew how to quickly load and off-load the helicopters. The end state for *Team Village* was to be able to rapidly load and off-load all personnel, their individual equipment, and the two Gators with all of the medical supplies and equipment. Since every LZ we arrived at was different than the last, we needed to be well versed because it would be the infantry platoons on the ground providing LZ security, and time was our biggest enemy once on the LZ. We coordinated with the Army aviation units for static load training and to conduct rehearsals. The final training objectives for the VMO personnel were actions on direct and indirect contact, moving in a tactical formation from the LZ to the local coalition base camp, and any other Soldier tasks we deemed necessary such as communications gear usage, night vision device refresher, etc. With the necessary training complete, we were ready to execute the mission and begin to influence the Afghan population.

Upon arrival at the VMO sites, several tasks would occur simultaneously. The NCOIC would link up with the infantry platoon leadership to determine all aspects of our "visit" — where to sleep, latrine areas, trash areas, security concerns, etc. He would brief all Soldiers on the layout of where we were staying and any pertinent information. The most important initial task the NCOIC accomplished was the actions on contact drills. He articulated to all of the Soldiers what they needed to know if direct fire or indirect fire was received during our stay. He would assign the Soldiers tasks and fighting positions during any enemy contact. While the NCOIC briefed our FOB plan, I conducted leader link-ups with the platoon leader and the local leaders (district chief, police chief, Afghan National Army commander, etc.) to discuss our purpose and timelines of the actual VMO. The important point of the discussion was the resources we needed from the local leaders to make this VMO successful — a location, security forces, and efforts to spread the message within the community. Once the leaders recommended a potential VMO site, we conducted a small reconnaissance of the site to ensure feasibility before we decided



A dental technician assesses a patient during a Village Medical Outreach in Afghanistan.

to bring all *Team Village* leaders. While at the potential VMO site, I discussed with the platoon leader and local Afghan security forces about the basics on my expectations for security integration and support of the VMO. I explained my concept on internal and external security requirements, local patrols, and some stand-off security to help screen any potential threats along certain access points. With site selection complete and the initial security assessments understood, we needed to conduct the leaders' recon of the site.

The leaders' recon element consisted of the VMO command team, a security element, key members of each section (medical, dental, veterinary, mechanic, and Civil Affairs representative), and local leaders. The primary purpose of the leaders' recon was to determine the specific layout of the VMO with all stations. We walked the proposed site and assigned each section the room or location they would use based on any special requirements they might need — paying particular attention to the female medical team. With the layout of the VMO determined, we finalized the integration of close and far security into the plan. The most important piece for efficient execution of the VMO was the "flow plan" of the site locations. This involved using the local national security forces to manage the flow of the patients to ensure no lengthy lines or "lost" patients. We discussed with the platoon leader and local national security element leaders how the flow inside the VMO site would work. We assigned escorts throughout the VMO site to maintain positive control of all patients. We determined the locations for the patient lines outside of the VMO site and how the local security forces would maintain control over the crowds and keep them in organized, orderly lines. The final step of the leaders' recon was to reassess our security plan to ensure we had several layers of protection throughout the area to create a

safe and secure site for patients and the *Team Village* members during the VMO.

With the leaders' recon complete and all respective elements knowing how their areas would look during execution, we needed to prepare all other remaining Soldiers for the execution of the VMO for the following day. The fundamentals were basic Soldier tasks. The NCOIC had all Soldiers prepare their individual equipment, clean their weapons, and pack the supplies. The element leaders briefed their teams on what the layout would look like in order to best pack the medicines for the following day to ensure rapid establishment. Once all VMO elements accomplished their internal tasks, we briefed the timelines for the following day and what the big picture setup of the VMO would look like. We always closed out the evening with a quick rehearsal with just the Soldiers to allow them a chance to visualize what the VMO execution would look like.

With the preparation complete, we eagerly awaited the execution. The first step of execution was the early establishment of the security element. The local national security forces cleared the area around the VMO site and created a wide perimeter. The infantry platoon followed up and ensured the area was safe for the VMO elements to move into position. Finally, *Team Village* initiated movement for the setup of the VMO site. Due to the leaders' recon and rehearsals the previous evening, all VMO elements knew where they had to go. This led to an efficient and rapid setup. At this

point, the NCOIC and I focused on fine-tuning the flow plan. We spoke to the local national security leaders for our final adjustments. We established the entry and exit points of the site and began to have any arriving customers file into lines. Our final step before we began the execution was the final rehearsal on site. We did this because many patients would need to see more than one specialist and that would require multiple lines and cause additional confusion inside the perimeter. We needed to identify those issues before the patients were inside the VMO site. With the setup complete, security in place and the final rehearsals conducted, we began to admit the first patients for the day.

Execution during the day often flowed smoothly and required minor adjustments throughout the day. During the execution at the VMO site, several other tasks occurred simultaneously. The PAO representative recorded our progress through pictures, interviews, and various discussions with Soldiers, Afghan security forces, and the local populace. The Civil Affairs team engaged the local community to assess any potential projects for the area, conducted village assessments, and distributed humanitarian supplies. The PSYOPs team conducted an aggressive information operations campaign through local patrols and interaction with the local populace. The tactical HUMINT team wandered from station to station within the VMO site to identify any Afghans who could provide any information that might

result in future kinetic operations. These are only a few tasks these VMO elements conducted simultaneously to the medical and mechanic support at the VMO site.

With any operation come friction points that slow and disrupt the execution. A few friction points we learned consisted of extreme patient cases, additional medicine buys or shipments, and aerial cargo delivery drops. From time to time, we encountered some extreme cases of patients. We enlisted the support of any local national doctors to assist us and be able to direct the patient to the nearest major hospital for care. But in most cases, the hospitals were out of range of the patients and so we coordinated aerial evacuation for the patients to one of our major FOBs to then transport them to a major hospital. We learned to have a plan for extreme cases before we arrived at each VMO site. The Civil Affairs teams had the ability to make immediate purchases of medical supplies if we were short. The medical teams created a list and the Civil Affairs team ventured into the local bazaar for the nearest pharmacy to purchase the items we needed. This had two effects. First, it supported the VMO with the supplies we needed. Second, it supported the local economy and showed our interest in continuing to help the population. Finally, we often received humanitarian assistance through aerial cargo delivery systems (air drops). This was very resource intensive in personnel and equipment. We had to establish a security element on the drop zone and determine how to consolidate all of the supplies and equipment upon impact with the ground. The majority of this operation was handled by the Civil Affairs team. They were responsible for transporting the supplies off the drop zone and distributing the supplies to the local populace. Even though only three friction points were discussed, it gives insight into potential problems and the importance of forecasting and predicting any possible issues.

The final phase for the VMO was the shutdown. The first step was to cut off the line. If we were going to repeat the VMO the following day, we informed the population and dismissed them and told them when to return the following day. If that was our last day, then we triaged the patients in line and brought forward the



Aerial cargo deliveries were frequently used during the Village Medical Outreaches to deliver humanitarian assistance.

most urgent and assisted the others as we could support them. Once all of the patients were complete, we began the breakdown piece. Again, we focused the VMO elements into breaking down their equipment to allow for easy set up the following day. Finally, we had the VMO elements submit their statistics for the day and submit any lists of medicines they were short on in order to allow us to procure those for the following VMO missions.

The experience of my battalion in Afghanistan is unique in all aspects. I understand we are not the “norm” for battalion-level operations, but this article focuses on using a key junior battalion leader (HHC XO) to perform tasks often felt to be above his abilities. With the aggressive and eagerness needed to fight and win in the war on terrorism, we have to adapt our mentalities and focus on the *new* Army — the Army that will win the war on terror at the company level and below through young, combat-tested leaders. My battalion leadership realized this, and subsequently, the role of the HHC XO did change for our battalion.

We provided great support to the Soldiers, influenced the Afghan population, and killed the enemy as well.

Use this article as a building block to strengthen infantry battalions from a leadership perspective and as a combat multiplier against the terrorists and militants we face across the globe. Our battalion did not figure out how to win the war on terror in one year, but we did take the necessary steps to pave a little of the way for the Afghan people to take ownership of their country and get on the road towards complete freedom, and more importantly, show them that we care about their success and that we will be there for their continued progress.

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TEAM VILLAGE - 173D AIRBORNE BRIGADE Village Medical Outreach 03-05 (Zabol Province)

Executive Summary

Task Organization: 1 x female medical team (3 x medics), 1 x male medical team (2 x providers, and 1 x ANA doctor), 1 x optometrist technician, 1 x dental technician, 1 x veterinary team, 2 x mechanics, 1 x tactical PSYOP team, 1 x civil affairs detachment, 2 x 5-ton drivers, 1 x female searcher, 1 x infantry rifle platoon for security, 1 x squad of ANA for security, elements of ANP at each location, 1 x interpreter support team (8 x interpreters), and company level C2

Mission: Team Village conducts a VMO in AO ROCK (vic Mizan, Qalat, and Sahjoy) 15 – 22 September 05 to engage local nationals through special skill sets in order to increase popular support for coalition forces and GOA operations and positively impact intelligence collection.

Key Tasks Accomplished:

Medical: The medical team provided treatment for 1,910 local nationals, to include 704 men, 703 children, 447 women, 7 ANA, and 49 ANP — with the ANA doctor accounting for 291 of the total number of local nationals seen. The medical team treated a variety of ailments to include malnutrition, parasites, malaria, dysentery, skin infections, body aches, anemia, dehydration, and several pregnant women needing an exam and prenatal vitamins to include providing baby formula.

Dental: The dental team conducted 95 exams (63 men, 10 children, and 22 females), extracted 108 teeth and distributed 560 dental hygiene kits to local nationals.

Optometry: The optometry team conducted 419 exams (273 men, 86 children, 59 women, and one dog) and distributed 186 pairs of sunglasses and 19 pairs of prescription reading glasses.

Veterinary: The veterinary team treated and distributed deworming formula for 965 sheep, 25 goats, six donkeys, and 14 cows.

Maintenance: The maintenance team repaired three ANP trucks, three civilian pick-up trucks, two civilian mini-vans,

10 taxis, three tractors, one dead-lined U.S. HMMWV, and one dead-lined U.S. 5-ton.

Civil Affairs detachment: The CA team conducted eight village assessments, two well repair project nominations, one water-well project nomination, the Mizan district HQ project nomination, and identified other future CERP projects in sector. Additionally, the CA team spearheaded the CDS humanitarian assistance recovery and distribution plan for Mizan and Manda (Sahjoy). They distributed 80 stoves, 160 bags of charcoal, 80 Halal MRE cases, eight cases of tea, 120 cases of water, 10 bags of flour, five bags of sugar, five bags of salt, 95 bags of beans, 90 bags of rice, 120 tarps, 36 bottles of oil, 160 pairs of shoes, 160 hygiene kits, four first aid kits, 10 teacher and school supply kits, and 240 blankets to local and village leaders and elders within the Mizan and Manda area.

Assessment: While in Qalat, we encountered a very aggressive and eager crowd. With the help of ASF, we slowly built the flow structure for our operation; however, what allowed us to expedite execution of our plan was a single Afghan man. He was guiding the Afghans to help the situation. When we asked him if he was a village elder, a police chief, or a government official, he simply replied that he was a normal Afghan. When we asked him why he helped us so much, he said, “My people, my country, my duty.” As I reflected on his statement, I began to notice things that were not as evident in the previous VMOs. Looking at the ANA, ANP, and district leaders, I could feel a larger sense of pride towards the mission. They did everything within their power to ensure our success — from managing massive crowds to assisting with the CDS drop and distribution of humanitarian products to conducting locals patrols — they would not let anything stop them. Slowly but surely, Afghans are on the path to success.