

Running head: COMBAT IN CITIES

Combat in Cities

SGM Jason A. Gilbert

United States Army Sergeants Major Academy

21 November 2007

Class #58

Abstract

History is important. It has some practical value that is relevant generation after generation. Our understanding of urban warfare history is valuable to the United States military's current battlefield operations. The knowledge we seize about past "Combat in Cities" will give us a strategic advantage when projecting current and future missions. The tactics we employ must be compatible to our mission while engaged in an asymmetric environment. Commanders will play a critical role in developing tactical plans to counter the enemy on the battlefield. The implementation of an urbanization plan is more of a challenge today than any other time in modern history. The many challenges encountered during asymmetric warfare conducted on an urban battlefield require numerous changes in our institutional instruction and operational training requirements.

Combat in Cities

The United States Army is required to operate in a complicated tactical environment. Linear warfare is no longer relevant to the challenges of today. We are currently fighting an asymmetric battle in an urban environment and will continue to do so for the foreseeable future. The tactical aspects of “Combat in Cities” means all Soldiers must prepare for full spectrum operations involving battles and engagements (FM 3-90, 2001). Every Soldier is a warrior first, regardless of military occupational specialty. In addition to the tactical aspects of asymmetric urban warfare, the Army is in the axis of a battle of ideology. Media propaganda is a powerful tool for the enemy. We continue to compete with them for the hearts and minds of the local population. We face an elusive, but inferior enemy. An enemy equipped with minimal technology and limited resources; however, they remain highly effective in spite of their limitations. Terrorists and insurgents are motivated, adaptive and fanatical in their beliefs. They don't represent a nation, and the laws of war do not limit their actions. Terrorist tactics force the U. S. Army to develop innovative counterinsurgency methods to operate effectively in an urban environment. In an attempt to keep pace with the ever-changing environment of war, the Army persistently updates institutional training to reflect the needs of today. The United States Army must fight and win the Global War on Terrorism on an asymmetric battlefield with the majority of combat operations taking place in urban areas; requiring policy and training modifications.

Asymmetric warfare requires a different approach than the rudimentary requirements of a linear fight. Linear warfare is a straightforward, force on force engagement. (Maloney, 2006) The enemy in this type of warfare represents an opposing nation in

which Soldiers are easily identified by the uniforms they wear. History measures success by determining who controlled the most terrain, which force surrendered, and if the enemy's capital city is taken. Asymmetric tactics used by insurgencies are more complicated. The enemy operates independently and trans-nationally. They do not wear uniforms and easily blend into the environment. Battling an insurgency is not a new phenomenon. The primary goal of insurgents is to continually harass their opponents until they evacuate the area. When the opponents leave, the insurgents occupy the territory and work to establish the allegiance of the people living in the area. A successful counterinsurgency will remove insurgents from a specific area. When the troops depart the area, insurgents generally return. Unrelenting tenacity is required to defeat this tactic. Collateral damage presents a significant challenge. American forces take special care to reduce the occurrences of collateral damage. Innocent casualties provide additional recruiting opportunities to the insurgents. The U.S. must continue to refine its battle processes to effectively defeat urban asymmetric threats.

Unfortunately, the enemy does not operate in accordance with ethics or the rules of war. There is no code of conduct for a terrorist organization or an insurgent. The results of death and destruction are the primary motivators for their actions. Morality, ethical principles, and rules of engagement limit U.S. forces, which delights the terrorists. This provides the enemy with a certain amount of benefit and comfort. The terms terrorist and insurgent are somewhat abstract. It's hard to clearly identify who the terrorists are. They are not representative of the government and they blend into the urban environment. They act independently within a nation. The U.S. cannot hold the local government accountable or responsible for the actions of terrorists and insurgents. Many of the enemy

tactics are immoral, unethical, cowardly, and based on fear. Terrorists have conducted operations from hospitals and sacred religious mosques. This presents a major dilemma for U.S. forces.

Terrorists employ suicide bombers who strike public transportation and crowded public areas. Insurgents also use improvised explosive devices against Soldiers and noncombatants. (Friel, 2007) Terrorists have also captured and filmed decapitations of journalists and Soldiers. The terrorists use these videos for recruiting and propaganda purposes. The world watches and scrutinizes any blunders of U.S. forces. The media looks for any violation of the many laws of war. Our Soldiers must conduct themselves in an ethical and honorable manner at all times. The insurgents seem to get a free pass to act in a barbaric and dishonorable manner. Nations should consider revising the laws of war to account for urban asymmetric tactics. The U.S. is fighting an enemy of insurgents and terrorists imbedded within cities that count on American forces to continue operation under the limiting laws of war.

Medical operations, including casualty evacuation have become increasingly difficult due to the change from a linear battlefield to an asymmetric urban fight. The linear battlefield allowed medical planners and operators to predict an expected number of casualties and preposition medical assets for maximum effect. The linear fight allows medical personnel to easily identify and locate casualties. Our doctrine requires casualty evacuation through different echelons of medical care. Each echelon of medical care is located further from the battlefield. The urban fight presents some unique challenges for medical planners and operators. The U.S. typically executes the urban fight in small unit operations due to the compartmentalized nature of the urban environment. The enemy

generally blends into the local community or buildings with noncombatants. When small units conduct an assault or raid on a building, leaders lose visibility of their Soldiers. Soldiers could go down and remain unaccounted for. This increases the difficulty of casualty collection. The medic and Soldiers participating in casualty assistance, evacuation and personnel recovery are especially vulnerable.

Asymmetric warfare commonly involves preplanned secondary attacks, which occur during personnel recovery and casualty collection. Medical doctrine requires an alternate methodology for medical operations in an urban environment.

Adaptation to the conditions of urban combat seems to suggest a reconsideration of the assumption that immediate aid should be provided to a wounded Soldier. In given situations, unwounded and casualty alike may be better served by allowing a wounded man to treat himself in the short term. (Glenn, 2001)

Waiting to collect and treat casualties is a normal practice in civilian emergency medical care. First responders view scene safety as the first priority. First responders will not enter a site where violence has occurred until law enforcement has deemed the scene safe. Self-preservation is more important than the patients requiring medical assistance in the civilian setting.

An important responsibility of the military medical system is to limit or effectively reduce the “died of wounds” rate in combat operations. The best way to reduce this rate is to evacuate Soldiers with traumatic injuries to advanced medical care as quickly as possible. Advances in science and technology have greatly impacted medical doctrine. The invention of quick clot bandages and improved tourniquets allow Soldiers at the point of injury to implement some advanced life saving measures. We

have provided combat lifesavers (CLSs) with advanced training and supplies and increased the number assigned within units. CLSs function as additional medical assets within the fight. They create more opportunities to provide medical assistance to injured Soldiers.

Self-aid and buddy-aid are already a part of Army doctrine. Historically, our medical plan focused on evacuation, treatment, and accelerated recovery. A primary reason why Soldiers are able to confidently conduct dangerous missions is because they know they have an incredible medical system willing and able to do whatever it takes to save their lives should they become seriously injured. Many Soldiers would be more apprehensive and in some cases reluctant to go into harms way if the medical system could not provide the care needed in the event of serious injury.

In conclusion, we have discussed several characteristics and challenges that occur on an asymmetric urban battlefield. The enemy we face today, terrorists and insurgents, do not comply with the laws of war, the United States does. This alone creates numerous problems for commanders as they plan offensive or defensive military operations. Combat in cities severely impacts the way the medical community conducts its military operations. Medical operators and planners consider all factors of the urban terrain when executing their duties. Soldiers expect the very best from the medical system. Soldiers perform dangerous missions with a sense of assurance that if something should happen to them, they will receive the care they need to survive. The Army has an obligation to provide that care. Changes in technology and medical doctrine have resulted in a major reduction in the “died of wounds” rate.

Reference

Friel, H. (2007). Changing the Laws of War. *National Catholic Reporter*, Vol., 43, pg 19,

Retrieved October 15, 2007, From Proquest Online Periodical.

Glenn, R., Hartman, S., & Gerwehr, S. (2003). Urban Combat Service

Support Operations. California: Rand.

Maloney, S. M. (2006). Fighting Insurgents in a Battle of Wills. *Maclean's*, Vol., 119,

pg 38, Retrieved October 15, 2007, From Proquest Online Periodical.