The Armed Forces

World at work: Soldiering

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Hazards of the job and measures to protect workers

Professional, modern armies have characteristics which set them apart from other occupations. These affect both volunteer and conscripted forces. The soldiers who comprise an army are able to use controlled force in a disciplined way with the accepted understanding that death or injury to themselves, as well as others, may result. This may happen not only during combat but also in situations such as military training, terrorist attacks, and humanitarian operations.

TASKS OF THE JOB

Armies, as institutions, usually have strong concepts of duty to a nation or similar organisation. As such, there is an underlying sense of service and loyalty to the community. There is also tremendous loyalty among members of an army to each other because they must work as a team to survive and be successful.

Armies recruit their soldiers in many ways, which reflect the social and cultural histories of their countries. Currently, there are increasing numbers of females in many modern armies, although not always in the fighting forces. Many armies have a varied ethnic composition. Both gender and ethnicity and the resulting cultural attitudes need to be integrated into a common ethos for an army to function well.

The range of employment reflects almost every group in society with the addition of obvious roles such as an infantry soldier. Logisticians, helicopter pilots, chefs, postal workers, engineers, communicators, and nurses illustrate the essential wide range.

The nature of many modern army operations requires close interaction with civilian authorities, such as the police, and also the civilian community itself. The potential differences in attitude to the work being undertaken by the military can impose complex and difficult stresses.

HAZARDS OF THE JOB AND IN THE WORKPLACE

Soldiers must be able to move at short notice, often over long distances across time zones to any climate. They operate

throughout the 24 hour day. They frequently have to live and work in very basic communal conditions with no personal privacy at all. At the same time they are expected to work with the most technically up-to-date equipment, frequently with severe time and ergonomic restrictions. The need for a rapid ability to adapt to these changing circumstances and work effectively is essential.

Soldiers are subject to all the usual chemical and physical hazards of civilians, albeit usually for shorter periods. This increasingly involves exposure to risks from industrial hazards resulting

from damaged infrastructure. Special hazards include the challenges of chemical, biological, and nuclear weapons; operating in enclosed spaces for prolonged periods, for example working with special forces on covert tasks. The stresses variously imposed by gravity, high altitude, diving, parachuting, weapon noise, load carriage, the weather, and extended separation from home and family need to be addressed.

An intrinsic element of soldiering is that there are periods of relative inactivity and even boredom separated by periods of intense work. In order to be prepared for all these stresses of the job, much time is spent training on military exercises of varying complexity where future activities are practised and rehearsed.

MEASURES TO PROTECT WORKERS

Soldiers require high standards of health to remain "fit to fight". Because of this, most countries try to select healthy individuals and then attempt

to prevent health problems by regular screening and readily available treatment with rehabilitation programmes. By carrying out such selection, armies hope to prevent the recruitment of vulnerable individuals who may break down, either physically or mentally. This is particularly challenging for those armies which rely on reserve or part-time soldiers to make up part of their structure, because reserve soldiers often do not have the same opportunities for maintaining physical and medical fitness. Also, by such measures, armies hope to avert medical discharges which have both employment and financial costs. A medical discharge necessitates the training of a replacement in addition to any severance costs.

All doctors, both civilian and uniformed, working with an army need to be conversant with the health problems of young people and adolescents, for example suicide. Knowledge of travel medicine, particularly of immunisation schedules, is often essential. Physical exercise is an integral part of soldiering and the incidence of injury is common. Effort is needed to both prevent injuries and treat them effectively in order to preserve the effectiveness of a skilled, trained workforce. There is a high occupational health component to much of the work of army doctors, even if their particular training is in another medical specialty.

Many armies provide a complete living environment in peace including accommodation, diet, sport, and leisure. On military operations all aspects of life are controlled, and comprehensive medical support is essential if soldiers are to remain effective for more than very short periods. Education about stress, exercise, alcohol, tobacco, sexually transmitted diseases, dental care, and illegal drugs as well as first aid training are critical. The harsh environment in which much soldiering takes place requires training about the risks of poor personal hygiene and the weather, be it heat and sunshine or cold and wind chill.

Arrangements for the treatment and evacuation of those with illness and injury are important and critical for morale. On an operational deployment, battle casualties, including those with psychiatric problems, form a small proportion of those who require treatment except during periods of combat. The majority of those requiring care present with the normal range of common, peacetime ailments. The local climate or geography may affect these, as may poor living conditions leading to the spread of infectious disease.

The characteristic of soldiers to move at short notice puts unusual strains on

family relationships, and is particularly disruptive to part-time forces who may have to be called up from civilian jobs. To some extent this is ameliorated for those serving by the “team-spirit” essential for successful military operations. Because of this sense of community, there is a very special relationship between military doctors and the military authorities, with an individual’s needs sometimes having to be subservient for the greater good.

In conclusion, armies present a fascinating and unique mix of medical, physiological, and psychological challenges to their physicians.

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