

ol Dr Inam Danish Khan, Professor, Army College of Medical Sciences, India

INTRODUCTION: EXTREME ALTITUDE

Extreme-altitude battlefields are the World's highest, coldest,

all-weather, permanent battlefields exclusively existent in the Himalayas

Toughest theatre of defensive mountain warfare in the present deployment of World forces

Extreme-altitude battlefields pose environmental,

psychophysiological, infrastructural, logistic and ergonomic challenges which question soldier's adaptability and force-efficiency due to

isolation, monotony, intimidating environment and terse health effects

Soldier's comprehensive adaptability in extreme-battlefields is of paramount importance in ensuring force-preparedness

For the ground soldier, extreme battlefields demand unflinching physical ability, mental agility, military training and group cohesiveness for successful military operations.

E Battle-inoculated soldier faces extreme stressors in the absence of familial and societal support systems.

Knowledge, attitude and practices (KAP) of soldiers on extreme altitude battlefield assessed through personal interview technique

MATERIALS AND METHODS

125 healthy, acclimatized, mountain trained, male soldiers staying above 4570 m/15000 ft for at least 30 days in winter season on an extreme-altitude battlefield

Cross sectional research- Personal interview on a proforma

150



50

PHYSIOLOGICAL ISSUES

DURATION OF STAY

All 125 were healthy, acclimatized, mountain and extreme-altitude

battlefield trained male soldiers, mean age 29 ± 6 years

- Mean military service 10 ± 6 years
- Mean extreme altitude stay 55 ± 23 days
- = 81% married, 80% parents
- All were knowledgeable about extreme altitude risks
- All valued extreme-altitude battlefield training and acclimatization
- 52% soldiers worried about home and family
- Troop-commanders affirmed about preventive healthcare practices
- HAPE Bag ensued dramatic improvement in absence of oxygen
- 30% consumed tobacco and 7% consumed alcohol



Extremely tough living conditions and low resource settings make research work highly implausible

- Example 2 Research conducted in winter months above 5500m/ 1800 ft
- -70° C, movement, communication, logistic and aviation
- capabilities were severely paralyzed by inclement weather
- Environment remained monotonous, isolated and intimidating
- Soldiers stayed in fuel-heated poorly ventilated shelters/tents
- Dried/canned food and snow-melted water
- Outreach programs were difficult and discouraging
- Staged-graded acclimatization protocols
- Acclimatization not effective beyond 5500 metre or18000 ft
- A soldier forms an independent fighting unit
- Soldier is a command responsibility, and a national obligation
- Battlefield care has a direct correlation with KAP of soldier .
- Extreme-altitude battlefield stressors are beyond control
- Soldiers need to be trained to accept situations
- Policy and implementation interventions required
- E Behavioural and human resource interventions required
- Infrastructure and communication interventions
- **C5ISR-** Command, Control, Communication, Computers,
- Combat Systems, Intelligence, Surveillance, Reconnaissance





(1) Ali A. A Siachen peace park: The solution to a half-century of international conflict? Mountain Research and Development. 2002; 22 (4):316-319.

(2) Anand AC, Narula AS, Kakkar R, Kalra R, editors. High altitude Medicine: Textbook of Environmental Emergencies. Ist Ed. Pune: Dept. of Internal Medicine, Armed Forces Medical College; 2006. (3) Director General Armed Forces Medical Services. Medical Memoranda in Problems of High Altitude. Director General Armed Forces Medical Services.1997; 140: 31-32.

(4) Bashir K. Psychiatric Morbidity Amongst the Troops Deployed at Siachen. Pakistan Armed Forces Medical Journal. 2008;1. (5) Grau LW, Falivene J. Mountain Combat: Hard to Move, Hard to Shoot, Even Harder to Communicate. Journal of Slavic Military Studies 2006; 19 (3): 619-625.

(6) Bardwell WA, Ensign WY, Mills PJ. Negative mood endures after completion of high-altitude military training. Annals of Behavioural Medicine. 2005; 29(1): 64-69. (7) Grau LW, Jorgensen WA. Medical implications of high-altitude combat. U.S. Army Medical Department Journal. 2003.

(a) Castro CA, Hoge CW, Cox AL. Battlemind Training: Building Soldier Resiliency. In: Human Dimesnion in Military Operations – Military Leaders' Strategies for addressing Stress and Psychological Support. 2006; 42-1 - 42-6, Meeting Proceedings RTO-MP-HFM-134, Paper 42, Neuilly-sur-Seine, France; RTO, http://www.rto.nato.int/abstracts.asp, Accessed on 15 Feb 2013.

(9) Szymczak RK, Sitek EJ, Sławek JW, Basiński A, Siemiński M, Wieczorek D. Subjective sleep quality alterations at high altitude. Wilderness & Environmental Medicine. 2009; 20 (4): 305-310. (10)Thakur L1, Anand JP, Malhotra AS, et al. Sleep architecture at 4300 m altitude in a sample of Indian lowlanders. Indian J Physiol Pharmacol. 2012 Oct-Dec; 56 (4):295-300.