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MILITARY PUBLIC HEALTH AND PSYCHOLOGICAL OPERATIONS: A FUSED INFLUENCE CAPABILITY

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Exercise Solo Flight

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EXERCISE *SOLO FLIGHT* – EXERCICE *SOLO FLIGHT*

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A FUSED INFLUENCE CAPABILITY**

Maj S.D. Pirie

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There are only three key words you need to know: attitudes, perceptions and beliefs. If you can crack the psychological code to influence these three attributes you can get a person to do anything. Buy a car, sell state secrets, eat healthy or kill someone, it does not matter. Many societal disciplines utilize psychological or social influence both in theory and practice. These include fields we are exposed to everyday such as leadership, mass communications, marketing and sales. Most notably, the profession of arms is a prime user of psychological influence as part of non-kinetic information operations¹ and public health uses influence as a theoretical underpinning in encouraging individuals and groups of people to act in a manner supportive of their personal health or the health of the population.

Given the commonality of influence it is worth asking the question, do psychological operations have a role in military public health operations? This paper will argue military crisis response psychological operations have a clear role in supporting military public health operations that target non-adversarial personnel in the battle space. This paper will examine the methodology, role and practical delivery of influence in psychological operations and in public health. It will then highlight the commonalities and differences between military psychological operations and military public health information operations. Finally, it will propose that military psychological operations have a definitive role in military public health operations whilst addressing some of the concerns with affiliating public health with psychological operations and examining the

¹ Matthew A. Lauder, "The Janus Matrix: Lessons Learned and Building an Integrated Influence Activities Capability for the Future Security Environment," *Canadian Army Journal* 15, no. 2 (2013): 34.

plausibly and appropriateness of the integration of these two disciplines by the Canadian Armed Forces.

The use of influence to encourage people to do things they would not otherwise do is not a concept new for militaries or public health practitioners. Sun Tzu spoke about encouraging egotism in ones enemies and sowing deception amongst the ranks, while Genghis Khan is seen as one of the fathers of psychological warfare.² In recent times the use of propaganda has had wide spread military usage in beginning in World War One³ with the term psychological warfare being coined in 1920 by British officer and historian Major General John Fuller when examining propaganda operations conducted during the Great War.⁴ During the next world war the concept of psychological operations was born in early 1945 when United States Navy Captain Ellis M. Zacharias used the term in an operational plan aimed at hastening the surrender of Japan.⁵ The term psychological operation has held the test of time and is currently in official usage with both the North Atlantic Treaty Organization and the Canadian Armed Forces.⁶ Likewise, since the 1930's, within the field of public health common theories of practice such as the Theory of Reasoned Action,⁷ Theory of Planned Behavior,⁸ Change Theory⁹, Stage Theory of

² Sunil Narula, "Psychological Operations: A Conceptual Overview," *Strategic Analysis* 28, no. 1 (2004): 180.

³ Philip M. Taylor, "Munitions of the Mind: A Brief History of Military Psychological Operations," *Place Branding and Public Diplomacy* 3, no. 3 (2007): 197-198.

⁴ John F.C. Fuller, *Tanks in the Great War: 1914-1918* (London: Murray, 1920), 320.

⁵ Ellis M. Zacharias, *Secret Missions: The Story of an Intelligence Officer* (New York: G.P. Putman Sons, 1946), 345.

⁶ Department of National Defence. *Defence Terminology Database*. Ottawa: DND Canada, accessed 5 April 2015.

⁷ Martin Fishbein and Icek Ajzen, *Belief, Attitude, Intention and Behavior: An Introduction to Theory and Research* (Massachusetts: Addison-Wesley, 1975).

⁸ Icek Ajzen, "From Intentions to Actions: A Theory of Planned Behavior," in *Action-control: From Cognitions to Behaviors*, ed. J. Kuhland and J. Beckman, 11-39 (Heidelberg: Springer, 1985).

Organizational Change,¹⁰ Social Learning Theory¹¹ and others have entertained that modifying attitudes, perceptions and beliefs are critical in changing the health of individuals and communities.

INFLUENCE: THE TOOL OF THE TRADE

Both psychological operations and public health use influence as the root of their tradecraft. The fundamental goal in both disciplines is to get people or populations to do things you want them to do that they would not otherwise have done had you not influenced them to do so. The influence may be overt or covert in nature. The desired actions of the target audience are often found at opposite ends of the societal spectrum, where psychological operations may want the population to kill a rogue leader and military public health operations may want the population to only drink clean water. The methodologies between the two disciplines however are remarkably parallel.

The psychological operations approach utilizes techniques to induce a desired reaction in a target audience.¹² Psychological operations aim to exploit the existing psychological situation, emotions, mental dispositions and behavioural motivations that a target audience possesses in order to influence events.¹³ Through careful non-kinetic targeting by means of a formal analysis of the target audience¹⁴ and subsequently

¹⁰ Kurt Lewin, "Frontiers in Group Dynamics: Concept, Method and Reality in Social Science; Social Equilibria and Social Change," *Human Relations* 1, no.1 (June 1947): 36.

¹¹ Albert Bandura, "Self-efficacy: toward a unifying theory of behavioral change," *Psychological Review* 84, no.2 (1977): 191-215.

¹² Department of National Defence. *Defence Terminology Database*..., record 5148.

¹³ *Ibid.*, record 5149.

¹⁴ Department of National Defence, B-GJ-005-313/FP-001, *Joint Doctrine Manual Psychological Operations* (Ottawa: DND Canada, 2004), ann. C.

developing a psychological theme where ideas or topics are built upon¹⁵ a powerful message nexus is created. This message is then communicated to the target audience using technical or non-technical media, known as psychological media.¹⁶ One of the tenets of psychological operations is to determine if the psychological operation has been effective. The analyst would want to know, was media successful at communicating with the target audience or did it fail to connect? Second, did the psychological theme create a reaction in the target audience and more importantly, did it influence behaviours creating the desired effect in the target audience?¹⁷ Crisis response psychological operations use the psychological operations approach during military operations other than war. These operations are conducted with a goal of creating a supportive environment in the joint operations area amongst parties in the conflict and civilians. If crisis response psychological operations are effective they will assist in the achievement of the military mission and contribute to the protection of the force.¹⁸ Nothing in the law or doctrine prevents psychological operations from targeting civilians in the area of operation. When civilians are targeted in order to achieve a desired behaviour that supports the military objectives, it is known as a psychological consolidation activity.¹⁹

Public health is the science and art of protecting, promoting and restoring health within a population. It attempts to prevent disease, prolong life and promote mental and physical health in both individuals and communities using organized efforts.²⁰ The public

¹⁵ Department of National Defence. *Defence Terminology Database...*, record 5150.

¹⁶ *Ibid.*, record 5147.

¹⁷ Department of National Defence, B-GJ-005-313/FP-001, *Psychological Operations...*, ann. F.

¹⁸ *Ibid.*, 1-2.

¹⁹ Department of National Defence. *Defence Terminology Database...*, record 2174.

²⁰ Catherine Y. Lee and James Michael Riley, "Public Health and Disasters," in *Disaster Medicine*, ed. Gregory R. Ciottone, 7 (Philadelphia: Mosby: 2006).

health approach utilizes the techniques of community health promotion, education and communications to affect their goals.²¹ Within this discipline, various theories of health promotion dominate the methodology used to assess, plan, implement and evaluate programs targeted at motivating individuals and communities to change their behaviours. Theories such as the Theory of Reasoned Action²² and Theory of Planned Behavior²³ attempt to take both societal subjective norms and prevailing attitudes and then modify their common behaviours in order to have a new behaviour emerge. Modification of the behaviour is done through modifying the existing perception of attitudes and norms. Bandura's Change Theory²⁴ and Social Learning Theory²⁵ also acknowledges that behaviour is a cognitive process and can be influenced. Together the environment and cognition (reciprocal determinism) can be modified through altering the environment directly and/or by the process of modeling, which is founded in observing other peoples behaviours (vicarious reinforcement). All of these common public health theories have attitudes, perceptions and beliefs at their root or as part of their models and are the most common target for public health practitioners attempting to modify behaviours when planning strategies. These theories suggest that if you can alter attitudes, perceptions and beliefs you will influence and change behaviour. Finally, public health puts great emphasis on the importance of measuring the effectiveness of their community health promotion projects. This is done through a combination of methodologies including those

²¹ Ronna E. Krozy, "Community Health Promotion: Assessment and Intervention," in *Patient Education: Issues Principles, Practices*, ed. Sally H. Rankin and Karen Duffy Stallings, 245-271 (Philadelphia: Lippincott, 1996).

²² Martin Fishbein and Icek Ajzen, *Belief, Attitude, Intention and Behavior*...

²³ Icek Ajzen, "From Intentions to Actions: A Theory of Planned Behavior"...

²⁴ Kurt Lewin, "Frontiers in Group Dynamics..." *Human Relations*...

²⁵ Albert Bandura, "Self-efficacy: toward a unifying theory of behavioral change"...

used in advertising to look at the effectiveness of delivery techniques, academic research techniques to examine if behaviour has been impacted by the project and epidemiology²⁶ to ascertain if the behaviour shifts have impacted the overall public health indices that were targeted thus achieving the end state.

Clausewitz defined war as, “an act of force to compel our enemy to do our will”²⁷ and psychological operations have been a valued tool of war. Within this discipline the psychological media is often the most important aspect of the plan, a concept reinforced by notable Canadian communications theorist Marshall McLuhan with his popular expression, “the medium is the message”.²⁸ Psychological media has included flyers, newspapers, comic books, aerial delivered leaflets, posters, billboards, bumper stickers, toys with printed messages, matchbooks, playing cards, loudspeakers, radio broadcasts, audio tapes, compact discs, videotapes, television broadcasts and the Internet to disseminate the message of influence. These have occasionally occurred on a massive scale, such as during American operations Desert Shield, Desert Storm and Urban Freedom where 25.5 million leaflets were delivered, 200 video tapes were disseminated and a 24 hour a day broadcast operation was undertaken over a 72 day period where 189 psychological operations messages were disseminated.²⁹ Popular themes used in psychological operations when targeting the adversary have been to promote surrender (such as the Chieu Hoi program in Vietnam), instill fear of the friendly force, promote

²⁶ Barbara Valanis, *Epidemiology in Nursing and Health Care*, 2nd ed. (Norwalk, Connecticut, Appleton & Lange: 1992), 391-423.

²⁷ Carl von Clausewitz, *On War*, ed. and trans. Michael Howard and Peter Paret (Princeton: Princeton University Press, 1976), 75.

²⁸ Marshall McLuhan, *Understanding Media: The Extensions of Man* (New York: McGraw-Hill, 1964), 15.

²⁹ Jeffery B. Jones and Jack N. Summe, *Psychological Operations in Desert Shield, Desert Storm and Urban Freedom* (Arlington, Virginia: Association of the United States Army, 1997), 5-6.

homesickness, show the strength of a collision, move an enemy from one location in the battle space to another, support military deception operations, seed distrust of the troops in their commanders and solicit enemy force personnel to capture key leaders or equipment and turn them over to friendly forces. When civilian populations have been targeted by psychological operations they have been aimed at keeping civilians a safe distance from military operations, informing them of military operations taking place in their geographical area, explaining why military operations are taking place, promoting friendly forces as friendly, having civilians avoid landmines or unexploded ordnance, turning in weapons found in the battle space and soliciting information on enemy key leaders and their movements.³⁰ In every sizable military operation and conflict, psychological operations have played a role and had value in compelling the target population to do something they otherwise would not have done.

In 310 Before the Common Era, the Romans exhibited a public health philosophy when they theorized that cleanliness is related to good health and made links between the causes of disease and prevention. From this two major public health projects emerged, the creation of aqueducts to supply clean water to the people and a sewage system to remove human waste from the streets.³¹ Despite the extensive manual labour that went into these public works it is likely the population needed to be convinced to make routine use of them by their political masters and bureaucrats in the Roman Empire. Failure to influence the existing behaviours of the day and inform the population masses of the linkage of dirty water consumption and feces in the streets to horrific illness would have resulted in

³⁰ For an extensive sampling of psychological operations products see: www.psywarrior.com.

³¹ Catherine Y. Lee and James Michael Riley, "Public Health and Disasters," ..., 7

the new sewage systems and aqueducts being unused or underused and thus, the requirement for public health influence was born. Since that time the importance of public health to influence populations has increased. Most notably, with the acceptance of the Germ Theory of Disease between the 17th and 19th centuries, public behaviour modification became important to control infectious diseases by breaking the chain of transmission, inactivating infectious agents and increasing host (human) resistance.³² As the discipline of public health has matured over the years in the civilian sphere it has been accepted within the discipline of military medicine that public health is of prime importance to fighting forces both in garrison and whilst deployed on operations. Militaries now find themselves working in an increasing number of complex situations often which have an element of human security involved due to devolving local public health practices or an evolving health emergency caused by disaster or conflict.³³ Military public health operations have seen the requirement to influence the civilian population in their area of operation to seek out immunizations (increase host resistance to disease), drink potable water only from approved sources, dispose of human waste correctly, seek shelter from harsh environmental conditions in safe locations, control vectors (such as mosquitos) and avoid injury from picking up unexploded ordnance or straying into landmine fields as part of an injury prevention strategy.³⁴ Like psychological operations, the media used to convey the public health messages has been varied and encompasses

³² Barbara Valanis, *Epidemiology in Nursing and Health Care...*, 95-102.

³³ S.J. Neuhauser and F. Bridgewater, "Medical Aspects of Complex Emergencies: The Challenge of Military Health Support to Civilian Populations," *Australian Defence Force Journal* 172, (2007): 56-60.

³⁴ Médecins Sans Frontières, *Refugee Health: An Approach to Emergency Situations*, London: MacMillan, 1997), 55-190.

almost all of the aforementioned types of psychological operations media.³⁵ Influence has been an important tool of the trade in both psychological operations and military public health operations.

COMMONALITIES AND CONGRUENCE

William Shakespeare once wrote, “What’s in a name? That which we call a rose by any other name would smell so sweet”.³⁶ Given the existing congruence he might have been speaking of psychological operations and public health rather than roses. Obvious commonalities exist between psychological operations and public health operations, but it is more than just both coexisting as disciplines within the sociological and psychological domain. Within both of these disciplines congruence in methodology is found including purpose, material design factors, research driven target audience analysis, pilot testing, delivery methods and effectiveness evaluation.

Within the concept of the broader use of influence both psychological operations³⁷ and public health³⁸ find root purpose in informing, instructing or persuading the target audience in order to have them understand, learn, disclose or decide. These concepts are shared because the two disciplines have a commonality of dealing directly with humans

³⁵ Damon P. Coppola and Erin K. Maloney, *Communicating Emergency Preparedness: Strategies for Creating a Disaster Resilient Public* (New York: CRC Press, 2009), 147-159.

³⁶ William Shakespeare, *Romeo and Juliet* (Massachusetts: Freebooks, 1597), 47.

³⁷ Sunil Narula, “Psychological Operations: A Conceptual Overview,” *Strategic Analysis...*, 189.

³⁸ Damon P. Coppola and Erin K. Maloney, *Communicating Emergency Preparedness...*, 21

through communications. As such, the fundamental tenets of mass communication and social communication theory hold true across both fields.³⁹

The methodology used to craft the message also shares striking commonalities between psychological operations and public health. Both disciplines place a great importance in the how the material that is going to be used to influence people is designed and crafted in order to convey the desired message and elicit the desired behaviour.⁴⁰ The goal of trying to formulate a message that seeks to influence attitudes and behaviours is as much part of the psychological operations methodology⁴¹ as it is rooted in the aforementioned theories of health promotion in public health. An interesting direct overlap between the two disciplines occurs in the Australian Defence Force psychological operations doctrine where Maslow's Theory of Hierarchical Needs, a theory used extensively in public health practice, is taken verbatim.⁴² Concepts such as individual needs, behaviour and attitude modification, the needs and behaviour dynamic and the hierarchy of needs are used directly in the elements and techniques of crafting a message. These same concepts can be found in any textbook on community health promotion and commonly in the literature are being used interchangeably between the disciplines without difficulty. Other core themes within messaging share commonality and congruence. For example, public health espouses the source of the message should be

³⁹ Phillip P. Katz, "Communications Theory and Research and Their Application to Psychological Operations," in *Military Propaganda: Psychological Warfare and Operations*, ed. Ron D. McLaurin, 19-39 (New York: Praeger Publishing, 1982).

⁴⁰ Damon P. Coppola and Erin K. Maloney, *Communicating Emergency Preparedness...*, 173; Department of National Defence, B-GJ-005-313/FP-001, *Psychological Operations...*, ann. E.

⁴¹ Phillip M. Kerchner and Richard F. Deckro, *Valuing Psychological Operations*, (New York: West Point, 1999).

⁴² Australian Defence Force, ADFP-25, *Australian Defence Force Publication – Psychological Operations* (Canberra: Commonwealth of Australia, 1995), chap. 2.

trustworthy and speak with authority⁴³ and psychological operations directly share these concepts.⁴⁴ Psychological operations places importance in understanding the culture and cultural norms of the target audience in order to ensure the transmitted message is appropriate⁴⁵ as do public health promotion operations.⁴⁶ Attempting to use empathy as a tool of influence and the importance of message credibility are also found in the messaging techniques of both disciplines.⁴⁷

One interesting congruency in terms of the messaging theme and product has also been found. Psychological operations often play on the fear of death or mutilation of the target audience to influence behaviour.⁴⁸ This is also a popular methodology in public health where it is often thought that information alone is not adequate to motivate a change in behaviour and that those who do not feel threatened by the message and the resulting fear caused will not respond to the message at all.⁴⁹ This is most commonly seen in public health in a campaign to dissuade smoking by the use of graphic images on cigarette packages in order to instill fear. It is also a theme that has been used by both psychological operations planners and public health non-governmental organizations in their attempts to keep civilians from touching unexploded munitions.

⁴³ Damon P. Coppola and Erin K. Maloney, *Communicating Emergency Preparedness...*, 36.

⁴⁴ Richard H. Orth, "Source Factors in Persuasion," in *Military Propaganda: Psychological Warfare and Operations*, ed. Ron D. McLaurin, 326-333 (New York: Praeger Publishing, 1982); Department of National Defence, B-GJ-005-313/FP-001, *Psychological Operations...*, 1-4.

⁴⁵ Department of National Defence, B-GJ-005-313/FP-001, *Psychological Operations...*, E1-5.

⁴⁶ Damon P. Coppola and Erin K. Maloney, *Communicating Emergency Preparedness...*, 136.

⁴⁷ Department of National Defence, B-GJ-005-313/FP-001, *Psychological Operations...*, 1-3 & 1-4; Louie Fernandez and Martin Merzer, *Jane's Crisis Communications Handbook*, (Alexandria, Virginia: Jane's Information Group, 2003), 63 & 115; Richard H. Orth, "Source Factors in Persuasion," in *Military Propaganda...*, 330.

⁴⁸ Department of National Defence, B-GJ-005-313/FP-001, *Psychological Operations...*, A-10.

⁴⁹ Damon P. Coppola and Erin K. Maloney, *Communicating Emergency Preparedness...*, 163-5.

In terms of delivery of the carefully crafted message, both disciplines share the importance of pilot testing their message and products through similar methodologies. Public health practitioners use focus groups, surveys and analytical techniques based in mass communications theory to weed out messages that do not connect with the target audience before expending financial, human and delivery resources to disseminate their message on mass.⁵⁰ This is also the standard of practice in psychological operations with identical methodologies.⁵¹ Once product pretesting has been shown the message and product are likely to influence the target audience dissemination, spanning every imaginable technique from print to audio to motion video, are exploited similarly by both disciplines. You are as likely to see a soccer ball with a message that preaches the value of physical fitness on it from a public health department as you are to see that same soccer ball with a message to report war criminals on it from a tactical psychological operations team.

Finally, both disciplines write extensively on the importance of program evaluation. There is a strong desire for both the Royal Canadian Medical Service officer and psychological operations officer alike to have evidenced based data using a number of acceptable metrics in order to substantiate their efforts, adjust the message and change delivery modality as required. These include assessing if the media has physically reached the target audience, if the message has connected with the psyche, if attitudes, perceptions, and beliefs have been stirred and if influence has occurred in that behaviours have changed in a manner desired by the programmer. Evaluation techniques and

⁵⁰ *Ibid.*, 176.

⁵¹ Department of National Defence, B-GJ-005-313/FP-001, *Psychological Operations...*, E2-16.

procedures are near identical in public health messaging⁵² and in psychological operations.⁵³ Both disciplines also include the importance of conducting a financial cost versus benefit analysis as part of the program and outcome evaluation.⁵⁴ Ironically, both public health⁵⁵ and psychological operations⁵⁶ personnel have noted that although program evaluation is indeed important in the overall methodology, it is often difficult to conduct in reality due to the inaccessibility of the target audience or objectivity in evaluation.

Despite the striking commonalities and congruence a number of differences also exist that are worthy of examination. The application of the psychological operations planning process is rooted in the operational planning process⁵⁷ versus the application of the public health education planning process, which is derived from the nursing process.⁵⁸ Little congruency exists between these two processes less the fact that both contain formalized assessment and planning sub-processes. The Canadian Armed Forces Operational Planning Process is more methodical in its process of planning than the public health education process. Despite the larger process incongruence, the actual process product development and dissemination is very similar between the disciplines of

⁵² Damon P. Coppola and Erin K. Maloney, *Communicating Emergency Preparedness...*, 179.

⁵³ Department of National Defence, B-GJ-005-313/FP-001, *Psychological Operations...*, F-11; Australian Defence Force, ADFP-25, *Psychological Operations...*, 64.

⁵⁴ Phillip M. Kerchner and Richard F. Deckro, *Valuing Psychological Operations...*, 7; Kevin Frick, *Cost Benefit and Cost-Effectiveness Analysis*, (Maryland: John Hopkins Bloomberg School of Public Health, 2007).

⁵⁵ Damon P. Coppola and Erin K. Maloney, *Communicating Emergency Preparedness...*, 183.

⁵⁶ M.K. Purcell, "Core Requirements for the Successful Development of a Psychological Operations Capability for the Canadian Forces" (Joint Command and Staff Programme New Horizons Paper, Canadian Forces College, 2006-2007), 9.

⁵⁷ Department of National Defence, B-GJ-005-313/FP-001, *Psychological Operations...*, 3-3.

⁵⁸ Sally H. Rankin and Karen Duffy Stallings, *Patient Education: Issues, Principles, Practices* (New York: Lippincott, 1996), 122.

psychological operations⁵⁹ and public health, likely because they are both using a process derived from the fields of mass communications and marketing. One difference concerning a dissemination technique is found in the literature. Whilst the use of the Internet is seen as the cutting edge for public health information operations and there is a movement afoot to further exploit this delivery methodology in order to influence the modern target audience,⁶⁰ this not true in psychological operations. Due to the legal and ethical constraints of targeting civilians from your own country with psychological operations, the Internet raises a considerable problem. Even with the best intentions psychological operations staff cannot ensure that civilians from their home country will not come into contact and be exposed to the psychological operations products once published on the World Wide Web.⁶¹ As such, for countries like Canada that have limited their psychological operations to “white” attributable practices,⁶² the use of the Internet presents a number of legal and ethical challenges to be considered a fully viable dissemination technique for psychological operations products. Despite these minor incongruences that exist, the similarities between the psychological approach and the public health education approach are remarkable and cannot be discounted. In practice, both disciplines follow the same path to influence a target population and as such need to be examined for fused use on military operations.

⁵⁹ Department of National Defence, B-GJ-005-313/FP-001, *Psychological Operations...*, E-1.

⁶⁰ Phoenix Mo, “Use of the Internet for Health Education,” *Journal of Biosafety and Health Education* 1, no.1 (July 2013): 4-16.

⁶¹ Angela Marie Lungu, “WAR.com: The Internet and Psychological Operations,” *Joint Force Quarterly* no. 28 (September 2001): 13-18.

⁶² Department of National Defence, B-GJ-005-313/FP-001, *Psychological Operations...*, 1-4.

PSYCHOLOGICAL OPERATIONS AND MILITARY PUBLIC HEALTH

Although no authoritative Canadian doctrine exists for military public health operations,⁶³ the current reality is these operations have been conducted as part of larger health operations on a number of recent missions and are frequently included in instructional courseware, operational health planning, war gaming and exercises. The current reality for a Medical Service commanding officer or task force surgeon who wishes to conduct public health information operations is a lack of resources due to the absence of a defined organization to plan, develop, disseminate or evaluate influence within health services unit organizations for battle. As such, a medical officer, nursing officer or a health care administrator ideally with graduate level public health training is tasked from their regular duties along with preventive medical technicians, medical technicians and anyone else that can be internally spared to commence with the public information operations process.

Despite the lack of organization within the Medical Service to conduct military public health operations the requirement to be able to do so continues to increase. Given the increase by militaries in general⁶⁴ and the Canadian Armed Forces specifically to become involved in stability operations, humanitarian assistance, complex emergencies and disaster relief operations the requirement for military public health information operations is ever present. This requirement is compounded by the increased exposure to infectious diseases, epidemics and displaced persons found within these operations. There

⁶³ Department of National Defence, B-GJ-005-410/FP-000, *Joint Doctrine Manual Health Services Support to Operations* (Ottawa: DND Canada, 2007); Department of National Defence, B-GL-343-001/FP-000, *Health Services Support* (Ottawa: DND Canada, 2001).

⁶⁴ S.J. Neuhauser and F. Bridgewater, "Medical Aspects of Complex Emergencies...", 56-62.

is also a requirement by the military under International Humanitarian Law to support civilian non-combatants in the battle space when the military is the occupying or intervening force and/or non-governmental organizations are unable to operate.⁶⁵ This type of support has a heavy component of military public health information operations. Regardless if it is providing early warning to the civilian population of a growing health concern,⁶⁶ attempting to mitigate the mental health effects of a terrorist event,⁶⁷ managing a chemical biological or radiological release, or providing public health influence on food safety, animal disease, health resource allocation, sheltering in place, quarantine or fatality management, the military will be required to use influence in order to prevent needless suffering⁶⁸ and prevent civilian populations from interfering with or benefiting from military operations.

Given the commonalities in the use of influence through the manipulation of attitudes, beliefs and perceptions by both the disciplines of psychological operations and public health and the congruence that exists within the methodology and theories of influence, messaging techniques, product pre-testing requirements, dissemination techniques and evaluation of effectiveness measurement requirements, it only seems natural that two organizations existing within the same military establishment could be fused to achieve successful battle space effects. There is no reason for military public

⁶⁵ *Ibid.*, 57

⁶⁶ Rahmesh R. Roo, Jon Eisenberg and Ted Schmitt, *Improving Disaster Management: The Role of IT in Mitigation, Preparedness, Response, and Recovery*, (Washington: National Academies Press, 2007), 60-62.

⁶⁷ Isaac B. Weisfuse, Trish Marsik and Robert M. Brackbill, "The Public Health Response to the World Trade Center Attack and Its Aftermath by New York City Department of Health and Mental Hygiene," in *Terrorism and Public Health*, ed. Barry S. Levy and Victor W. Sidel, 43-66 (New York: Oxford, 2012).

⁶⁸ Linda Young Landesman, *Public Health Management of Disasters: The Practice Guide*, (Washington: American Public Health Association, 2012), app. G.

health information operations within the authority of the Medical Service to exist in a silo separate from the non-kinetic targeting that is already occurring as part of influence activities and information operations. As organizational and doctrinal structures such as the Influence Activities Task Force,⁶⁹ psychological operations group headquarters, tactical psychological operations company, psychological operations support company, tactical psychological operations teams and tactical product development detachments already exist,⁷⁰ it is possible to integrate military public health staff into the larger psychological operations staff as another line of influence activities within the larger package of information operations. This fusion would capitalize on existing size, structure, resourcing and expertise of the psychological operations organizations and allow economies of effort, resources, target deconfliction and ensure one common influence message is being projected by the force in place. It would not be difficult to attach or post Medical Service officers and non-commissioned officers into a task force psychological group organization, most likely within the tactical product development detachment, in order to provide public health influence expertise within the plans, analysis and development cells.

There are some legitimate reasons however why the Medical Service may not want to embed public health information operations within the realm of psychological operations. The reality is the term psychological operation is often associated with negative images by civilians and health care professionals alike. The phrase psychological operation is commonly seen as a veil and nasty term associated with the black art of

⁶⁹ Matthew A. Lauder, "The Janus Matrix: Lessons Learned...", 35.

⁷⁰ Department of National Defence, B-GJ-005-313/FP-001, *Psychological Operations...*, 2-4.

propaganda or outright brainwashing.⁷¹ This has been a problem in past Canadian peace support operations and has resulted in the reluctance to deploy psychological operations personnel as well as force the use of other less offensive terms such as media operations or information campaigning instead of psychological operations.⁷² There are also issues with the non-kinetic targeting nature of psychological operations. One of the fundamental tenets of health care is based around the principle of patient autonomy where autonomy implies freedom from coercion. If military public health information operations are seen as less health promotion and education (despite the use of influence) and more as a cohesive tool of military power through the targeting process it could pose an ethical dilemma for military public health practitioners.⁷³ This argument is largely theoretical however as most uniformed health care providers have already accepted the fact they are an instrument of the state and by that nature, despite being non-combatants, are seldom truly neutral and impartial. As movements are afoot to increase the public nature of operations⁷⁴ and operate in comprehensive structures⁷⁵ where civilian presence is the norm, it is also a perceptual issue to be aware of when viewed from the point of view of civilian health care professionals who work outside of militaries, such as those in non-governmental humanitarian organizations. Potential issues also exist based on the

⁷¹ Fred W. Walker, "Psyop is a Nasty Term – Too Bad," in *Military Propaganda: Psychological Warfare and Operations*, ed. Ron D. McLaurin, 259-265 (New York: Praeger Publishing, 1982).

⁷² W.J. Ellis, "Psychological Operations in Canadian Peace Support Operations" (Command and Staff Course New Horizons Paper, Canadian Forces College, 1999), 7.

⁷³ S.J. Neuhaus and F. Bridgewater, "Medical Aspects of Complex Emergencies...", 57.

⁷⁴ Peter Gizewski and Michael Rostek, "Toward a JIMP-Capable Land Force," *Canadian Army Journal* 10, no.1 (2007): 55-72.

⁷⁵ Ann Fitz-Gerald and Don Macnamara, *Comprehensive Security Requires Comprehensive Structures – How Comprehensive Can We Get?* (Calgary: Canadian Defence and Foreign Affairs Institute and Canadian International Council, 2012).

perceptions of the civilian licensing bodies of Medical Service officers when the term medical psychological operation is used in conjunction with their licensees.

These arguments are without merit if we consider the end state of the inclusion or fusion of military public health information operations into psychological operations. In all cases the risk of integration of the two disciplines when influencing non-combatant, civilian populations in the battle space on public health matters is less than the risk of the Medical Service conducting influence and information operations in isolation from the larger psychological operations structure. If we do not integrate these two structures together for the very limited and specific purpose of public health influence operations then the status quo will remain and clinicians will be forced to continue to execute lower quality public health operations. The cost of this is unacceptable in terms of the population who suffers and the impact it may have within the military area of operations.

In order to counter some of the aforementioned concerns, military public health operations could be conducted on an as required basis with staff being brought into the psychological operations organization when needed for a specific task. Whilst in location they would conduct the public health influence operation and upon conclusion return back to their parent health services formation. Conversely, another acceptable solution would be to have a public health cell within the larger psychological operations tactical development detachment as opposed to side-by-side integration with plans, development and analysis staff. This isolated cell would be insulated somewhat from the larger psychological operations targeting process. As an added measure it could even be named something more acceptable to the potential observers and staff such as the public health information cell, civilian public health communications cell, or health promotion information cell. Although semantic in nature this finessing of title has been used

successfully in Canadian Armed Forces psychological operations in the past where the palatability of a deployed psychological operations capability was low.⁷⁶ Given these organizational structure requirements there would still be a need to have a sound, legally vetted set of policies and procedures that would keep non-combatant Medical Service personnel from being involved in, offering advice to, creating product for or evaluating a psychological operations process that was based on non-kinetic targeting not directly related to public health influence activities. Failing to do so could violate the spirit or word of the Geneva Convention whereby medical personnel are non-combatants and lose their protection if they commit harmful acts to an enemy.⁷⁷ Accordingly, given the appropriate mitigation, the overall plausibility and appropriateness of military public health influence operations and psychological operation within the Canadian Armed forces exists without question.

CONCLUSION

Militaries use influence as a battle space modifier through the use of psychological operations. Public health uses influence to promote health in a population and reduce the impact of disease. Military public health is a fusion of its two parent disciplines, as such it only makes logical sense to use influence in a fused manner.

This paper examined the commonality of influence and confirmed that crisis response psychological operations have a clear role in supporting military public health operations that target non-adversarial personnel in the battle space. It prescribed that

⁷⁶ W.J. Ellis, "Psychological Operations in Canadian Peace Support Operations" ..., 7.

⁷⁷ International Committee of the Red Cross, *Basic Rules of the Geneva Conventions and Their Additional Protocols* (Geneva: ICRC, 1983), 16.

failure to do so will result in potential duplications of effort, wastage of resources and conflicted messaging within the battle space. It articulated that given the commonalities between the two disciplines they should work side-by-side in a fused manner whilst deployed. This fusion is not a carte blanche licence for the Medical Service to conduct psychological operations and safeguards by means of employment structure and policy need to be established prior to integration in order to maintain their protected, non-combatant status.

If this fused model of psychological operations personnel working side-by-side public health information personnel is going to be adopted within Canadian Armed Forces influence activities, future study needs to occur that examines at what level and in what organizations public health staff should be integrated into the psychological operations capability. Further examination into the process of planning public health information operations should also be undertaken to ascertain if integration could occur between the Canadian Armed Forces Operational Planning Process-based psychological operations planning process and the public health education planning process.

The use of influence to encourage people to do things they would not otherwise do is as old as both war fighting and public health. Canadian military public health however has fallen behind the Canadian Armed Forces psychological operations capability to target civilian populations and subsequently plan, design, pre-test, disseminate and evaluate messages that will modify health attitudes, perceptions and beliefs. If the Canadian Armed Forces wants to ensure it can meet moral, ethical and legal obligations to civilians in their battle space or conduct humanitarian and disaster relief operations it needs to be able to effectively influence health behaviours. To wish away or abdicate this responsibility is not just unsound from a moral point of view, but could have profound

operational impacts as the civilian population becomes sick around the deployed military force or the military force fails its assigned humanitarian or disaster relief operation. The answer is simple. Leverage existing and proven psychological operations methodologies when conducting public health influence operations.

BIBLIOGRAPHY

Ajzen, Icek. "From Intentions to Actions: A Theory of Planned Behavior." In *Action-control: From Cognitions to Behaviors*, edited by J. Kuhland and J. Beckman, 11-39. Heidelberg: Springer, 1985.

Australia. Australian Defence Force. ADFP-25, *Australian Defence Force Publication – Psychological Operations*. Canberra: Commonwealth of Australia, 1995).

Bandura, Albert. "Self-efficacy: toward a unifying theory of behavioral change." *Psychological Review* 84, no.2 (1977): 191-215.

Canada. Department of National Defence. *Defence Terminology Database*. Ottawa: DND Canada, accessed 5 April 2015.

Canada. Department of National Defence. B-GJ-005-313/FP-001, *Joint Doctrine Manual Psychological Operations*. Ottawa: DND Canada, 2004.

Canada. Department of National Defence. B-GJ-005-410/FP-000, *Joint Doctrine Manual Health Services Support to Operations*. Ottawa: DND Canada, 2007.

Canada. Department of National Defence. B-GL-343-001/FP-000, *Health Services Support*. Ottawa: DND Canada, 2001.

Clausewitz, Carl von. *On War*. Edited and translated by Michael Howard and Peter Paret. Princeton: Princeton University Press, 1976.

Coppola, Damon P. and Erin K. Maloney. *Communicating Emergency Preparedness: Strategies for Creating a Disaster Resilient Public*. New York: CRC Press, 2009.

Ellis, W.J. "Psychological Operations in Canadian Peace Support Operations." Command and Staff Course New Horizons Paper, Canadian Forces College, 1999.

Fernandez, Louie and Martin Merzer. *Jane's Crisis Communications Handbook*, Alexandria, Virginia: Jane's Information Group, 2003.

Fishbein, Martin and Icek Ajzen. *Belief, Attitude, Intention and Behavior: An Introduction to Theory and Research*. Massachusetts: Addison-Wesley, 1975.

Fitz-Gerald, Ann and Don Macnamara. *Comprehensive Security Requires Comprehensive Structures – How Comprehensive Can We Get?* Calgary: Canadian Defence and Foreign Affairs Institute and Canadian International Council, 2012.

Frick, Kevin. *Cost Benefit and Cost-Effectiveness Analysis*. Maryland: John Hopkins Bloomberg School of Public Health, 2007.

Fuller, John Frederick Charles. *Tanks in the Great War: 1914-1918*. London: Murray, 1920.

Gizewski, Peter and Michael Rostek. "Toward a JIMP-Capable Land Force." *Canadian Army Journal* 10, no. 1 (2007): 55-72.

International Committee of the Red Cross. *Basic Rules of the Geneva Conventions and Their Additional Protocols*. Geneva: ICRC, 1983.

Jones, Jeffery B. and Jack N. Summe. *Psychological Operations in Desert Shield, Desert Storm and Urban Freedom*. Arlington, Virginia: Association of the United States Army, 1997.

Katz, Phillip P. "Communications Theory and Research and Their Application to Psychological Operations." In *Military Propaganda: Psychological Warfare and Operations*, edited by Ron D. McLaurin, 19-39. New York: Praeger Publishing, 1982.

Kerchner, Phillip M. and Richard F. Deckro. *Valuing Psychological Operations*. New York: West Point, 1999.

Krozy, Ronna E. "Community Health Promotion: Assessment and Intervention." In *Patient Education: Issues Principles, Practices*, edited by Sally H. Rankin and Karen Duffy Stallings, 245-271. Philadelphia: Lippincott, 1996.

Landesman, Linda Young. *Public Health Management of Disasters: The Practice Guide*. Washington: American Public Health Association, 2012.

Lauder, Matthew A. "The Janus Matrix: Lessons Learned and Building an Integrated Influence Activities Capability for the Future Security Environment." *Canadian Army Journal* 15, no. 2 (2013): 33-47.

Lee, Catherine Y. and James Michael Riley. "Public Health and Disasters." In *Disaster Medicine*, edited by Gregory R. Ciottone, 7-19. Philadelphia: Mosby: 2006.

Lewin, Kurt. "Frontiers in Group Dynamics: Concept, Method and Reality in Social Science; Social Equilibria and Social Change." *Human Relations* 1, no.1 (June 1947): 5-41.

Lungu, Angela Marie. "WAR.com: The Internet and Psychological Operations." *Joint Force Quarterly* no. 28 (September 2001): 13-18.

McLuhan, Marshall. *Understanding Media: The Extensions of Man*. New York: McGraw-Hill, 1964.

Médecins Sans Frontières. *Refugee Health: An Approach to Emergency Situations*. London: MacMillan, 1997.

Mo, Phoenix. "Use of the Internet for Health Education." *Journal of Biosafety and Health Education* 1, no.1 (July 2013): 4-16.

Narula, Sunil. "Psychological Operations: A Conceptual Overview." *Strategic Analysis* 28, no. 1 (2004): 177-192.

Neuhaus, S.J. and F. Bridgewater. "Medical Aspects of Complex Emergencies: The Challenge of Military Health Support to Civilian Populations." *Australian Defence Force Journal* 172, (2007): 56-69.

Orth, Richard H. "Source Factors in Persuasion." In *Military Propaganda: Psychological Warfare and Operations*, edited by Ron D. McLaurin, 326-333. New York: Praeger Publishing, 1982.

Purcell, M.K. "Core Requirements for the Successful Development of a Psychological Operations Capability for the Canadian Forces." Joint Command and Staff Programme New Horizons Paper, Canadian Forces College, 2006-2007.

Rankin, Sally H. and Karen Duffy Stallings. *Patient Education: Issues, Principles, Practices*. New York: Lippincott, 1996.

Roo, Rahmesh R., Jon Eisenberg and Ted Schmitt. *Improving Disaster Management: The Role of IT in Mitigation, Preparedness, Response, and Recovery*. Washington: National Academies Press, 2007.

Shakespeare, William. *Romeo and Juliet*. Massachusetts: Freebooks, 1597.

Taylor, Philip M., "Munitions of the Mind: A Brief History of Military Psychological Operations." *Place Branding and Public Diplomacy* 3, no. 3 (2007): 196-204.

Valanis, Barbara. *Epidemiology in Nursing and Health Care*. 2nd ed. Norwalk, Connecticut, Appleton & Lange: 1992.

Walker, Fred W. "Psyop is a Nasty Term – Too Bad." In *Military Propaganda: Psychological Warfare and Operations*. Edited by Ron D. McLaurin, 259-265. New York: Praeger Publishing, 1982.

Weisfuse, Isacc B., Trish Marsik and Robert M. Brackbill. "The Public Health Response to the World Trade Center Attack and Its Aftermath by New York City Department of Health and Mental Hygiene." In *Terrorism and Public Health*, edited by Barry S. Levy and Victor W. Sidel, 43-66. New York: Oxford, 2012.

Zacharias, Ellis M. *Secret Missions: The Story of an Intelligence Officer*. New York: G.P. Putman Sons, 1946.