

UNITED STATES MARINE CORPS
FIELD MEDICAL TRAINING BATTALION-EAST
PSC BOX 20042
CAMP LEJEUNE, NORTH CAROLINA 28542-0042

MCECST

2401-MED-1001 Religious Ministry During a Mass Casualty

TERMINAL LEARNING OBJECTIVES:

1. Given a requirement, provide religious ministry support during a mass casualty, to support religious ministry needs of those affected.

(2401-MED-1001)

ENABLING LEARNING OBJECTIVES:

1. Without the aid of reference, identify preparations for religious ministry support for a potential mass casualty, in accordance with reference MCTP 3-30D Religious Ministry in the United States Marine Corps.

(2401-MED-1001a)

2. Without the aid of reference, identify religious ministry support during a mass casualty, in accordance with reference MCTP 3-30D Religious Ministry in the United States Marine Corps.

(2401-MED-1001b)

3. Given a scenario, perform religious ministry in support of a mass casualty, within 80% accuracy, in accordance with reference MCTP 3-30D Religious Ministry in the United States Marine Corps.

(2401-MED-1001c)

1. **Mass Casualty Incident (MCI)** is defined as a situation (tactical or garrison) in which the number of patients requiring medical assistance within a given time and place, is such that the health care providers cannot immediately provide care for them with the usual resources at hand.

a. The (MCI) objective of Medical First Responders is to reduce *morbidity* (injury) and *mortality* (death).

b. The (MCI) objective of the RMT is to provide Religious Ministry (RM) support for both wounded & deceased.

c. During a Mass Casualty Incident, both RMT and Medical First Responders should work in concert without hindering the other's mission requirements.

2. Whenever Marines and/or Sailors are injured, ministry to casualties becomes the RMT priority. RMT movement to the wounded and dying is coordinated with corpsmen and fire team leaders (or equivalent) as the situation permits. In today's tactical maneuver scenarios, RMTs are most effective by traveling and remaining with the forward Battalion Aid Station (BAS). This ensures all commanders know exactly where to find their RMT when their Marines are wounded or injured.

1. **Long before a Mass Casualty Incident** - The RMT must be familiar with both the Parent Command's Standard Operating Procedures (S.O.P.), Area of Operation (AO) Tactics, Techniques and Procedures (TTPs), as well as Logistics.

a. Proper planning and training are necessary in order to be prepared for the possibility of human casualties. RMTs must train with the MAGTF for mass casualties. Planning will determine what safety gear and religious supplies and gear are necessary, such as stoles, sacramental and scriptural texts, communion kits, and other religious supplies. RMT personnel train in order to be ready to respond in a steadfast and stalwart manner, even in the face of pain, suffering, and severe injury.

2. **During a Mass Casualty Incident** - a well-trained and rehearsed RMT must be able coordinate, identify and relay

religious ministry responsibilities and requirements to the On-Site Commander, First Responders, Security / Fire Team Leaders & Mortuary Affairs.

a. RPs primary focus is on;

- (1) Safety of the Non-Combative Chaplain.
- (2) Identifying the next casualty requiring the Chaplain's ministry.
- (3) Recording the ministry provided by the RMT.
- (4) Identifying any unique needs the casualty may have.
- (5) Help make casualties as comfortable as possible.

b. Chaplains focus on;

- (1) Providing religious ministry to casualties.

3. Following a Mass Casualty Incident - RMTs follow up with members of the affected unit in order to support the grieving and healing processes. Special attention is given to ensure that despair or depression does not set in among those the event impacted. Religious ministry teams should be prepared to apply posttraumatic stress response resources in case of a significant event.

a. RPs primary focus is on;

- (1) Identifying unit personnel requiring the Chaplain's ministry.
- (2) Recording the ministry provided by the RMT.
- (3) Identifying any unique needs the unit may have.

b. Chaplains focus on;

- (1) Providing religious ministry to unit personnel.
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1. **TRIAGE** is a French word meaning - "To Sort".
2. **TRIAGE** is a process that is used to assign priority for treatment. **S.T.A.R.T. TRIAGE** is the acronym for: "Simple Triage and Rapid Treatment".
3. **S.T.A.R.T. TRIAGE** is the acronym for: "Simple Triage and Rapid Treatment".
4. The **Principles of Triage** are as follows;
 - a. Accomplish the greatest good for the greatest number of casualties.
 - b. Employ the most efficient use of available resources.
 - c. Return personnel to duty as soon as possible.
5. **During a Mass Casualty Incident - TRIAGE** RMTs coordinate their ministry efforts with medical personnel during mass casualty situations. Corpsmen and medical officers use a system of prioritizing care for casualties. These medical categories are also used to prioritize ministry (only inverted). RPs work together with Corpsmen to identify the most critical ministry/medical requirements.
6. **RMT ministry priorities during mass casualties are;**
 - a. Ministry Priority I (Medical Category 4 - EXPECTANT)
 - b. Ministry Priority II (Medical Category 3 - DELAYED)
 - c. Ministry Priority III (Medical Category 2 - MODERATE)
 - d. Ministry Priority IV (Medical Category 1 - IMMEDIATE)
7. **Ministry Priorities / Medical Categories - Defined)**
 - a. **Ministry Priority I (Medical Category 4 - EXPECTANT) -** These are casualties with very serious injuries and low chance of survival. Expectant casualties are given supportive medical treatment until immediate and delayed categories have been treated and evacuated. Ministry and sacraments for the dying, appropriate to the casualty's faith group, are provided when possible. **(Color Code - BLACK)**

b. **Ministry Priority II (Medical Category 3 - DELAYED)** - These are casualties in need of time-consuming major surgery, but with a general medical condition that permits a delay in surgical treatment without unduly endangering life. Ministry appropriate to the casualty's physical condition and faith group is provided. **(Color Code - GREEN)**

c. **Ministry Priority III (Medical Category 2 - MODERATE)** - These are casualties with relatively minor injuries that can be effectively treated with self-care. Ministry and support are provided. **(Color Code - YELLOW)**

d. **Ministry Priority IV (Medical Category 1 - IMMEDIATE)** - These are casualties with a high chance of survival, if medical measures are accomplished quickly. Religious ministry is provided after medical personnel have completed their treatments and the casualty has reverted to another category. **(Color Code - RED)**

8. During both Triage and Chaplain Ministry - SECURITY

Awareness MUST be exercised at all times! As in all combat situations, the primary concern is the physical safety and security of both the Chaplain and the casualty receiving ministry.

a. RMT movement to the wounded and dying is coordinated with corpsmen and fire team leaders as the situation permits.

b. If under fire, the chaplain and RP stay in a defensive position with the RP providing security for the team.

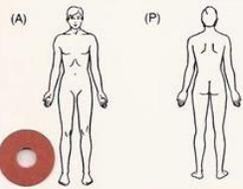
c. During casualty triage the RP must always maintain security situational awareness.

d. When identifying the next casualty requiring ministry, ensure there is adequate security for both the Chaplain and the casualty.

1. The **Mass Casualty Administration** requirements are as follows;

a. **Casualty Cards** - With Medical Responders and RMTs using the same system to prioritizing care for casualties, RPs may

have the ability to rapidly determine ministry priorities by examining the casualty card.

NON INJURED A706048		NON INJURED	
3rd PRIORITY DELAYED A706048		3rd PRIORITY DELAYED	
2nd PRIORITY MODERATE A706048		2nd PRIORITY MODERATE	
1st PRIORITY IMMEDIATE A706048		1st PRIORITY IMMEDIATE	
DECEASED A706048		DECEASED	
 Mass Casualty Incident Tag © Eastern PA EMS Council - 1997			
		TIME _____ AGE _____ SEX _____ LUNGS _____ PULSE _____ RESP. _____ B.P. _____ A V P U	
Patient Name (if known) _____		3 Minor Injuries/Illness: _____ _____ 2 Moderate Injuries/Illness: _____ _____ 1 Life Threatening Injuries/Illness <input type="checkbox"/> co-worker injured <input type="checkbox"/> uncontrollable emotional disorder D <input type="checkbox"/> OBVIOUSLY DEAD (D.O.A. - D.A.S.)	
Notes/Treatment _____		Mass Casualty Incident Tag Developed for Triage and Patient Management © Eastern PA EMS Council 1997 (610) 920-9212	
To be given to: TRANSPORTATION OFFICER T A# G A706048		Additional Information: _____	
Priority #	1	2	3
Primary Injury/Illness			
E.M.S. Unit			
Depart Time			
Hospital			

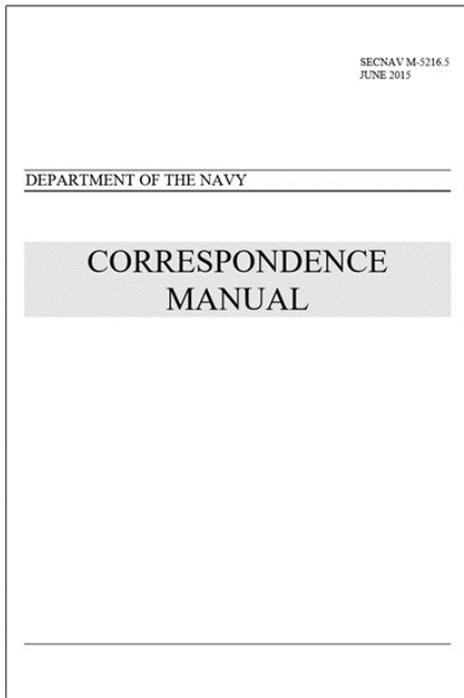
b. **The RMT LOG BOOK** - In order for the RMT to accurately complete an After Action Report, it is the RP's responsibility to record all Mass Casualty events as they occur.

RMT LOGBOOK (Example)		
Time:	Date:	Location:
Name:	SSN: (If possible)	
Religious Preference:	Unit:	
Sacraments Provided:		
Reconciliation	Holy Communion	Anointing the sick
Baptism	Other	
Scripture / Prayer / Pastoral Acts / Chaplain's Notes		
Last Words or Wishes:		
Chaplain's Name, Rank, Unit		

c. **After Action Reports** - The RMT will complete an After Action Report in standard naval format or a specific requested format by their Commander.

(1) The RP will provide all captured event details contained in the RMT Log Book.

(2) Standard Naval Format for completing an After Action Report can be found in the current Navy Correspondence Manual. (SECNAV M-5216.5)



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1. **Mortuary Affairs** is the expedient and respectful repatriation of **Deceased Personnel Authorized to Direct Disposition (PADD)** is the top priority of the joint mortuary affairs program.
 2. **Mortuary Affairs** provides for the search, recovery, identification, preparation, and disposition of human remains of persons for whom the Services are responsible by status and executive order.
 3. Beliefs and practices concerning the death of individuals and how their remains are to be treated differ between religious

faiths and may differ between regions and subcultures within a country (or operational area).

a. Religious Ministry Teams (RMTs) support those processing individual remains by;

(1) Advising commanders as to specific religious practices associated with handling of the deceased and interment.

(2) Counseling those who are affected emotionally by dealing with the deceased.

(3) Advising commanders on other religious and morale aspects of mortuary affairs.

4. Mortuary Affairs Responsibilities;

a. The Army is the Executive Agent of Mortuary Affairs for all Services. However, each Service plays a major role in the handling of its deceased.

b. In the Marine Corps, Mortuary Affairs responsibilities reside in the Reserves whose primary focus is graves registration. The reserve unit is the Graves Registration Platoon, H&S Company, H&S Battalion, 4th MLG. The graves registration platoon's T/O consists of 1 Marine officer, 42 Marines, and 3 enlisted Navy embalmers. The platoon conducts tactical search and recovery operations in hostile, benign, and/or contaminated environments; recovers personal effects and records personal information; conducts temporary interment/disinterment; and conducts temporary burials, if necessary, of human remains. The platoon must also be prepared to establish and operate casualty collection points, supervise theater evacuation point operations, and coordinate the transfer of remains and personal effects of deceased service members.

c. In an operational setting, a Mortuary Affairs Collection Point (MACP) is a designated site where specially-trained personnel provide technical assistance for the acceptance and disposition of remains. This includes interment, interment records, and temporary interment site maintenance until other provisions are made for subsequent custody/disposition. The MACP is an intermediate or transit point for remains. The MAGTF commander chooses the site of the MACP. This MAGTF Chaplain will assign RMTs to provide ministry at the MACP.

5. **Temporary Interment** - A temporary burial site for the purpose of future recovery and reburial of human remains in emergency instances of;

a. Overwhelming number of casualties.

b. Inability to decontaminate remains.

c. Shallow graves with well recorded location.

d. Death aboard ship.

e. In the event of Mass Burials, personal effects and identification are entombed with remains.

6. **Temporary Interment - Further Explained**

a. With modern transportation, it is rare that the RMT would be called upon to assist with a temporary interment, but the RMT should be prepared to assist if that's necessary. You may be called upon to assist in identifying a location for temporary interment.

b. If the tactical situation requires a unit to move out of an area in an expedient manner without evacuating remains, a unit may request permission to conduct isolated interments. Permission is requested through command channels from the geographic combatant commander. Temporary interment is used only as a last resort and only upon order of the geographic combatant commander.

c. Temporary interment is enacted when an overwhelming number of remains prevent normal mortuary affairs operations from occurring or when contaminated remains cannot be decontaminated.

d. Isolated interments are shallow graves constructed to prevent unattended remains in open areas.

e. When death occurs aboard ship, or remains are recovered and taken aboard ship, the remains should be preserved for burial on land. Committal at sea is permissible only when refrigerated storage facilities cannot be made available aboard ship, and transfer to shore cannot be accomplished within a reasonable time or is operationally inadvisable. The ship's commanding officer ensures that all remains are identified before they are committed at sea. When remains are committed at sea, identification documents and personal effects are processed

in accordance with established procedures; further disposition is made in accordance with current Service regulations.

f. You may also be required to assist in preparing the interment site.

(1) All personal effects and other identification media are interred with the remains. Identification tags or cards are not removed from remains under any circumstances. The interment site is marked in an easily distinguishable manner for future recovery teams.

(2) If tactical and logistical situations make it impossible to use preferred evacuation or emergency burial methods, mass or trench burials may be used to reduce the time between recovery and burial of remains. The Joint Military Affairs Office (JMAO) in the theater, with the approval of the geographic combatant commander, gives permission for mass burials of casualties. If there are no mortuary affairs units in the area and contact with higher headquarters is lost, the senior officer in the area decides whether the remains should be buried in a mass grave or evacuated to the rear. If a mass burial is required, the burial site may consist of any number of rows. Each row holds 10 remains, head to foot. The rows are approximately 70 feet long, 3.5 feet deep, and as wide as the earthmoving equipment blade (minimum of 2.5 feet). Ideally, rows should be side by side, but terrain may dictate otherwise.

REFERENCES :

MCTP 3-30D Religious Ministry in the United States Marine Corps.

