



## Introduction: Training is more important than technology (for performance in the cold)

Karl E. Friedl, Henriette Hasselstrom, Boris R.M. Kingma, Arne Johan Norheim, Tommi Ojanen, Wendy Sullivan-Kwantes, Hilde Kristin Teien & Graham White

**To cite this article:** Karl E. Friedl, Henriette Hasselstrom, Boris R.M. Kingma, Arne Johan Norheim, Tommi Ojanen, Wendy Sullivan-Kwantes, Hilde Kristin Teien & Graham White (2023) Introduction: Training is more important than technology (for performance in the cold), International Journal of Circumpolar Health, 82:1, 2240572, DOI: [10.1080/22423982.2023.2240572](https://doi.org/10.1080/22423982.2023.2240572)

**To link to this article:** <https://doi.org/10.1080/22423982.2023.2240572>



© 2023 Crown Copyright. Published by Informa UK Limited, trading as Taylor & Francis Group.



Published online: 27 Jul 2023.



Submit your article to this journal [↗](#)



Article views: 150



View related articles [↗](#)



View Crossmark data [↗](#)

## Introduction: Training is more important than technology (for performance in the cold)

Karl E. Friedl<sup>a</sup>, Henriette Hasselstrom<sup>b</sup>, Boris R.M. Kingma<sup>c</sup>, Arne Johan Norheim<sup>d</sup>, Tommi Ojanen<sup>e</sup>, Wendy Sullivan-Kwantes<sup>f</sup>, Hilde Kristin Teien<sup>g</sup> and Graham White<sup>h</sup>

<sup>a</sup>Office of Science & Technology, U.S. Army Research Institute of Environmental Medicine, Natick, MA, USA; <sup>b</sup>Center for Military Physical Training and Education, Danish Armed Forces Health Services, Copenhagen, Denmark; <sup>c</sup>Department Human Performance, Unit Defence, Safety and Security, TNO Netherlands Institute for Applied Scientific Research, Soesterberg, The Netherlands; <sup>d</sup>Institute of Military Primary Healthcare, Norwegian Armed Forces, Norway (Now at the Arctic University of Norway, Tromsø, Norway); <sup>e</sup>Human Performance Division, Finnish Defence Research Agency (FDRA), Tuusula, Finland; <sup>f</sup>Operational Health and Performance Section, Defense Research & Development Centre (DRDC), Toronto, Canada; <sup>g</sup>Total Defence Division, Norwegian Research Defence Establishment (FFI), Oslo, Norway; <sup>h</sup>Chemical Biological Radiologica (CBR) Division, Defense Science and Technology Laboratory (DSTL), Salisbury, UK

### ABSTRACT

After more than 50 years of studying soldiers in the cold, we are well past the phase of defining the unique problems; the research requirements are known but the solutions have been slow in coming. This requires iterative testing of proposed lab-based solutions with soldiers in the real environment. Representing a renewed effort to produce and implement solutions to human biomedical challenges in Arctic operations, this journal supplement highlights presentations from a three-day NATO Human Factors and Medicine panel-sponsored symposium in Washington DC in October 2022. While technology can certainly aid soldiers in extreme environments, it is ultimately training that is the most important factor for ensuring optimal performance and survival. By investing in the development of specialized Arctic forces training and implementing new solutions to protect their health and performance, we can ensure success in the coldest and harshest of environments.

### ARTICLE HISTORY

Received 29 June 2023  
Revised 20 July 2023  
Accepted 21 July 2023

### KEYWORDS

Military personnel; performance; predictive physiological models; cold-wet; manual dexterity; cold injury prevention; treatment in the cold; research requirements

Perhaps no other environment is as immediately unforgiving as the extreme cold, and the best equipment is useless in the hands of cold-unprepared soldiers.

NATO HFM 349 symposium organising committee

After more than 50 years of studying soldiers in the cold, we are well past the phase of defining the unique problems. The biomedical requirements are largely known, but the solutions have been slow in coming. Indeed, the *International Journal of Circumpolar Health* has published seminal reports on the limits of human cold tolerance [1–6]. In recent years, military research in the cold has been hampered by at least three factors: (1) a long period of high priority focus on hot dry environments in southwest Asia, (2) the relatively small number of individuals involved in Arctic operations, easily forgotten against priorities for the main force, and (3) the research community itself has not clearly communicated what has been learned and it has not proactively demonstrated how findings might be transitioned to benefit the Arctic soldier.

The Arctic has recently become a higher priority focus, especially because global warming is opening shipping

lanes and increasing access to minerals in the Arctic. While a massive Army presence has not been envisioned in future Arctic conflicts, there is a need for trained and equipped “Arctic specialised forces” who should perhaps be regarded the same way we invest in other highly trained special operations forces. Nearly every failure in cold weather training reemphasises the importance of proper preparation and individual and team proficiency.

Military researchers develop new options and courses of action for military decision makers. This requires iteratively testing proposed lab-based solutions with soldiers in the real environment. All this research and development is accelerated through cooperative research and information exchanges between nations working on the same problems. One mechanism to organise and evaluate current research is through NATO research task groups and workshops. This journal supplement highlights presentations from a recent symposium on this topic organised by the NATO Human Factors and Medicine (HFM) panel. The three-day NATO HFM panel-sponsored symposium in Washington DC in October 2022 represented a renewed

**CONTACT** Karl E. Friedl  [karl.e.friedl3.civ@health.mil](mailto:karl.e.friedl3.civ@health.mil)  Office of Science & Technology, U.S. Army Research Institute of Environmental Medicine, Natick, USA

© 2023 Crown Copyright. Published by Informa UK Limited, trading as Taylor & Francis Group.

This is an Open Access article distributed under the terms of the Creative Commons Attribution-NonCommercial License (<http://creativecommons.org/licenses/by-nc/4.0/>), which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited. The terms on which this article has been published allow the posting of the Accepted Manuscript in a repository by the author(s) or with their consent.



**Figure 1.** Word cloud on biomedical research priorities for soldiers in cold environments. The word cloud is formed by input from the audience of the NATO HFM-349 symposium during a Mentimeter interactive session.

effort to produce and implement solutions to human biomedical challenges in Arctic operations. The presented works cover a wide range of the challenge-spectrum that is encountered in extreme cold environments (see Figure 1).

For instance, traditional practices and experience of the Nordic countries have already shown the way for effective performance in the cold. This begins with teaching soldiers to “be comfortably cold” and to understand when it is time to act.

Being in a cold environment for a short period of time is a whole other beast than prolonged stay, with other challenges to performance, safety, and well-being. For instance, still lacking is a solution to wet/sweat management to prevent moisture accumulation in clothing, gloves, and boots. The innovation may be hampered by incomplete understanding of the biophysical interactions in the human-clothing-activity-environment system, preventing accurate predictive modelling of work/rest cycles, and cold injury and performance consequences of cold-wet conditions.

Better predictive models that account for other contextual and personal variability are critical to mission planning (including proper protective clothing), mission management (including probabilities of survival until rescue) and prediction of the health and performance status of opponents.

Protection of manual dexterity in extreme cold is a recurring theme in military biomedical research since at least the 1950s. Although the problem is still not solved, there is a much better understanding of the influence of

torso and face protection on neural mechanisms of manual vasoconstriction, and further exploration of techniques ranging from biofeedback and dietary flavonoids to active warming systems in the glove or forearm.

New solutions to treatment of cold injuries and to management of traumatic injuries in the cold have centred on promising treatment of freezing cold injury, especially with the dramatic benefits of prostacyclin drugs, and new concepts for thermal protection and safe evacuation of casualties in austere cold environments.

In summary, while technology can certainly aid soldiers in extreme cold environments, it is ultimately training that is the most important factor for ensuring optimal performance and survival; but neither can excel without the other. The research community must continue to prioritise studying the unique challenges of the Arctic and communicate their findings to military decision makers. By investing in the development of specialised Arctic forces training and implementing new solutions for cold injuries and manual dexterity, we can better equip our soldiers for success in the coldest and harshest of environments with technology and training.

## Acknowledgements

The authors, listed alphabetically, are the eight members of the NATO HFM 349 symposium organising committee. Funding for this supplement by the NATO Collaboration Support Office (CSO) is gratefully acknowledged. We are grateful to Ms Lyndsey Nindl for editorial assistance and coordination of this special supplement.

## Disclosure statement

No potential conflict of interest was reported by the author(s).

## References

- [1] Palinkas LA. Mental and cognitive performance in the cold. *Int J Circumpolar Health*. 2001;60(3):430–439. doi: [10.1080/22423982.2001.12113048](https://doi.org/10.1080/22423982.2001.12113048)
- [2] Ervasti O, Juopperi K, Kettunen P, et al. The occurrence of frostbite and its risk factors in young men. *Int J Circumpolar Health*. 2004;63(1):71–80. doi: [10.3402/ijch.v63i1.17650](https://doi.org/10.3402/ijch.v63i1.17650)
- [3] Hassi J, Rytönen M, Kotaniemi J, et al. Impacts of cold climate on human heat balance, performance and health in circumpolar areas. *Int J Circumpolar Health*. 2005;64(5):459–467. doi: [10.3402/ijch.v64i5.18027](https://doi.org/10.3402/ijch.v64i5.18027)
- [4] Cox CE, Ruby B, Banse H, et al. Hydration status and water turnover of dogsled drivers during an endurance sled dog event in the Arctic. *Int J Circumpolar Health*. 2006;65(1):45–54. doi: [10.3402/ijch.v65i1.17879](https://doi.org/10.3402/ijch.v65i1.17879)
- [5] Carlsson D, Burström L, Heldestad-Lilliesköld V, et al. Neurosensory sequelae assessed by thermal and vibrotactile perception thresholds after local cold injury. *Int J Circumpolar Health*. 2014;73(1):23540. doi: [10.3402/ijch.v73.23540](https://doi.org/10.3402/ijch.v73.23540)
- [6] Norheim AJ, Borud E, Wilsgaard T, et al. Variability in peripheral rewarming after cold stress among 255 healthy Norwegian army conscripts assessed by dynamic infrared thermography. *Int J Circumpolar Health*. 2018;77(1):1536250. doi: [10.1080/22423982.2018.1536250](https://doi.org/10.1080/22423982.2018.1536250)