



Interallied Confederation of Medical Reserve Officers Confédération Interalliée des Officiers Médicaux de Réserve

Newsletter

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Bulletin

1^{ère} Année – N° 1

Introduction by the CIOMR President Peter J. T. Knudsen

The CIOMR Newsletter, which is introduced today, is a supplement to the information you may find on the CIOMR website.

It will deal in more detail with the day to day business of the CIOMR and its committees and present or future working groups.

It shall also remind its readers of upcoming events, which may have missed their attention in the Events section of the website and give unclassified background information that may not be of immediate relevance to the large audience of the Website.

As well, it will also reach delegates who are not yet on the Internet, via “cellulose technology” i.e., on paper.

The trap, or challenge of websites or newsletters like this, is the regular update of the contents. We will endeavour to meet this challenge by bringing out four Newsletters : two leading up to the Summer Congress and the Mid Winter meetings respectively, and two that summarize the results of these meetings.

Since we want this information to be topical, we encourage delegates with urgent messages about meetings etc. to use this Newsletter.



Introduction du Président de la CIOMR Peter J. T. Knudsen

Le Bulletin de la CIOMR, qui est présenté aujourd'hui, est un supplément d'information que vous pouvez trouver sur le site Web CIOMR.

Il abordera plus en détail le quotidien de la CIOMR et de ses comités et présentera les groupes de travail.

Il rappellera aussi à ses lecteurs les événements prochains, qui devraient marquer leur attention dans la section Événements du site Web et donnera des informations non classifiées de fond qui ne peut pas avoir de pertinence immédiate par l'audience du Site Web.

Étant produit dans ce que nous appelons « la technologie de cellulose », c'est-à-dire sur du papier aussi, il atteindra aussi les délégués qui ne sont pas encore sur l'Internet.

Le piège, ou le défi de sites web ou des bulletins comme cela, est la mise à jour régulière du contenu. Nous essaierons de relever ce défi en produisant quatre Bulletins, deux avant chaque Congrès (été et hiver respectivement) et deux qui résumeront les résultats de ces réunions.

Pour être d'actualité nous exhortons les délégués à utiliser ce Bulletin et à fournir des commentaires, des articles, des résumés de réunions etc...

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Message from the Secretary General Bruno Pelletier

This is the first issue of the CIOMR newsletter. I would like to thank Filip Stragier for his important contribution. We hope to generate 4 newsletters a year as Peter mentioned. This letter will allow us to keep in touch and will be a link between the two congresses and MWMs.

For this to be a success I need your help. If you have some relevant information about your country or your association, dates of upcoming conferences, etc., do not hesitate to send this information to me.



This letter will be downloaded onto the CIOMR site : WWW.CIOMR.ORG

You can send me your comments, encouragement and articles : DRVETBP@aol.com

Some information of the Secretary General's office

- In September a thank letter signed by the president was sent to every speaker at the Maastricht congress.
- The new list of the officers elected to the CIOMR Board was sent to the secretariat of the CIOR, the COMEDS and the NATO.
- An official directory of the CIOMR with photos, is in progress. I remind you that I am still waiting for some photos from some of you.
- Our Constitution and By-laws were sent to NATO for official translation.
- Preparations for the MWM in Brussels are made by Filip Stragier.
- Also, our president is in touch with Volker Zimmermann concerning the organization of the congress of Vienna, 2004.
- The next newsletter will be published in January 2004.

New Ranks

In september Volker Daum (GE), Vice-chairman of the Scientific Committee, was promoted to the rank of Colonel.

Congratulations, Volker !



Message du Secrétaire général Bruno Pelletier

C'est le premier numéro de la lettre de la CIOMR.

Je voudrais remercier Filip Stragier pour sa contribution importante à sa réalisation. Nous espérons faire 4 numéros par an, comme Peter vous l'a dit, cette lettre permettra de rester en contact et sera le trait d'union entre deux congrès.

Pour cela j'ai besoin de votre aide, si vous avez des informations sur votre pays ou votre association, des dates de congrès, n'hésitez pas pour m'envoyer vos articles.

Cette lettre «est» et «sera» votre lettre...

Cette lettre pourra être téléchargée sur le site CIOMR : WWW.CIOMR.ORG

Vous pouvez m'envoyer vos commentaires, encouragements et articles : DRVETBP@aol.com

Quelques informations du secrétariat général

- Courant septembre une lettre de remerciement signée du président a été envoyée à chaque conférencier.
- La nouvelle liste des officiers occupant des postes à la CIOMR a été envoyée au secrétariat de la CIOR, du COMEDS et de l'OTAN.
- Un annuaire officiel des officiers occupant des postes à la CIOMR avec photos est en cours de réalisation. Je rappelle qu'il me manque encore des photos....
- Les statuts et le règlement intérieur ont été envoyés à l'OTAN pour une traduction officielle.
- Les préparations pour Bruxelles se font avec Filip Stragier.
- D'autre part notre président est en contact avec Volker Zimmermann pour organiser le congrès de Vienne.
- La prochaine lettre sera publiée en janvier 2004.

Promotion

En septembre Volker Daum (GE), vice-président du Comité scientifique a été promu au grade de Colonel.

Félicitations !

AWARDS and CIOMR

• The Pro Meritis Award

During the Maastricht congress Col Walter Henny (NL) and Lt Col J.-A. "Youp" Berben (BE) were presented the Pro Meritis award* by Peter Knudsen president of the CIOMR.

* The Pro Meritis Award is our most prestigious award and is presented for exceptional service to CIOMR including holding a board office

RÉCOMPENSES de la CIOMR

• Le Prix Pro Meritis

Pendant le congrès de Maastricht Colonel Walter Henny (NL) et LtCol J.-A. "Youp" Berben (BE) ont reçu le Prix Pro Meritis* de Peter Knudsen, président de la CIOMR.

* Le Prix Pro Meritis est la plus prestigieuse récompense et est decerné pour service exceptionnel rendu à la CIOMR.



There is another important award of the CIOMR and that is the Gold Medal.

• The Gold Medal

The Gold Medal is presented for outstanding service to CIOMR.

It went to Alison Hamilton (former chairman of the scientific committee) who has received the last Gold Medal in 2002. She was the 14th, to receive this noteworthy award.

Congratulations to all of them !

Il existe une autre récompense de la CIOMR : c'est la Médaille d'Or.

• La Médaille d'Or

La Médaille d'Or de la CIOMR est décernée pour service rendu.

C'est Alison Hamilton (ancien président du comité scientifique) qui a reçu la dernière médaille en 2002. Elle était la 14^{ème}.

Félicitations à eux !

Gold Medals CIOMR History Historique des Médailles d'Or de la CIOMR

1. Donohoo	VP US
2. Lamont	Chief of Staff Belgian Medical Reserve Officers Association
3. Austin	VP UK
4. Dejardin	VP BE, organizer of Leuven Congress
5. Vanderlinden	LO with NATO
6. Blatherwick	VP CA
7. Desch	Surgeon General GE
8. Waddell	VP CA, organizer Calgary Congress
9. Huber	VP US, instrumental in obtaining Section Status in AMSUS
10. Pulcinelli	VP IT, organizer Rome Congress
11. Deconinck	Surgeon General BE, Chairman COMEDS
12. Hooper	VP UK, organizer Brighton Congress
13. Atack	VP US
14. Hamilton	VP UK, chair Scientific Committee

INTERNATIONAL MEDICAL NEWS

An optional certificate in Faculty of Medicine and Pharmacy to form future reservists in France

The creation of an optional certificate in faculty (of Besançon and Nancy) of medicine and pharmacy " of initiation into the specific frame of professional exercise of the Health service of the armies " joins in the organization of the reserves of the Health service of the armies in France.

Objectives are to expose possibilities and specificities of the medicine, the pharmacy and the odontologie in a military frame and/or in civilo-military actions. An agreement signed among the Major general of the Health service of the armies, the Major General Meyran and respectively the Presidents of Universities seals this specific link between universities and the Health service of the armies.

So were held on proposition of the Direction of the Health service of the armies three items of theoretical education distributed over 23 hours:

- the health service in times of peace,
- the health service in operation,
- the particular aspects of the medicine of army.

The participation of regular military , academics and doctors of troupes underlines the very strong commitment of the Health service in this module Objectives of the module for the Health service of the armies.

Interest is that the students, while confirming an optional certificate within the framework of their civil studies, can see proposing an immediate capacity to the reserve as doctor of the armies .

The validation of this optional module allows indeed the validation of the basic instruction, the additional instruction (specifically military not distributed in the university) is made by the military training center .

NOUVELLES DU MONDE MÉDICAL INTERNATIONAL

Un certificat optionnel en Faculté de Médecine et Pharmacie pour former des futurs réservistes en France

La création d'un certificat optionnel en faculté (de Besançon et de Nancy) de médecine et de pharmacie "d'initiation au cadre spécifique d'exercice professionnel du Service de santé des armées" s'inscrit dans l'organisation des réserves du Service de santé des armées en France.

Les objectifs sont d'exposer les possibilités et les spécificités de la médecine, de la pharmacie et de l'odontologie dans un cadre militaire et/ou en actions civilo-militaires. Une convention signée entre le Directeur central du Service de santé des armées, le Médecin général des armées M. Meyran et respectivement les Présidents des Universités scelle ce lien spécifique entre les universités et le Service de santé des armées.

Aussi ont été retenus, sur proposition de la Direction du Service de santé des armées trois items d'enseignement théorique répartis sur 23 heures de cours :

- le service de santé en temps de paix,
- le service de santé en opération,
- les aspects particuliers de la médecine d'armée.

La participation de médecins d'active, universitaires et médecins d'unité souligne l'engagement très fort du Service de santé dans ce module Objectifs du module pour le Service de santé des armées

L'intérêt est que les étudiants, tout en validant un certificat optionnel dans le cadre de leurs études civiles, puissent se voir proposer une aptitude immédiate à la réserve comme médecin des armées. La validation de ce module optionnel permet en effet la validation de l'instruction de base, l'instruction complémentaire liée aux cours spécifiquement militaires et/ou aux cours non dispensés à l'université devant se faire par les centres d'instruction militaires.



NATO Medical Conference Ljubljana, Slovenia



In the first week of September the president attended the NATO Medical Conference in Ljubljana, Slovenia, representing the CIOMR. The president had been invited to join the groups supporting the Conference as well as taking part and to present the CIOMR in the opening session.

The NATO Medical Conference takes place at irregular intervals and was teamed this year with the 7th NATO Blood Conference.

The topic of the Conference was Civil-Military Cooperation (CIMIC), which of course was another incentive for the president to attend. He has always seen the medical reserve officer as the epitome of the CIMIC officer, in fact we have been practising CIMIC long before this word was invented. Serving his country in the late 70s the president was a naval ship's doctor and in a small and unspectacular way helped the civilian population of the North Atlantic islands of the Faroes when they needed medical assistance. At the same time his colleagues on Cyprus were the local GPs to the Danish UN Contingent but at the same time provided peacetime medical care for the neighbouring local communities.

At the Conference the president gave a presentation on the role of the medical reserve officer in the post 11th September world. His views will be well known to the delegates of the CIOMR, and they were well received by the audience, echoing as they did the introduction by the COMEDS Chairman, MajGen Van Hoof of Belgium.

In his presentation the president used the experience gained at the Summer Congress of the CIOR-CIOMR-NRFC to demonstrate the different ways in which the NATO nations try to adapt their Defence and particularly their Defence Medical Services to the new situation.

Conférence Médicale de l'OTAN Lubiana, Slovénie

Début septembre le président Peter KNUDSEN a participé à la Conférence Médicale de L'OTAN à Lubiana, en Slovénie, représentant la CIOMR. Le président avait été invité à participer au travail des différents groupes mais aussi à présenter la CIOMR lors de la session d'ouverture.

La Conférence Médicale de L'OTAN a lieu de façon irrégulière et était, cette année, concomittente, avec la 7^{ème} Conférence sur le Sang de L'OTAN.

Le sujet de la Conférence était la Coopération Civilo-militaire (CIMIC), qui était bien sûr une motivation supplémentaire pour le président. Il a toujours vu l'officier médical de réserve comme l'officier CIMIC par excellence, en effet, il a pratiqué les opérations CIMIC bien avant que soit inventé ce terme... Servant son pays, à bord d'un navire, à la fin des années 70, le président était le médecin qui a aidé la population civile des îles Atlantiques du Nord du Faroes quand ils ont eu besoin d'aide médicale et ceci de façon naturel et non spectaculaire. En même temps ses collègues, médecin du Contingent Danois de l'ONU, sur le Chypre donnaient des soins médicaux de temps de paix pour les communautés locales voisines.

À la Conférence le président a présenté le rôle de l'officier médical de réserve, après le 11 septembre. Ses avis bien connus des délégués de la CIOMR ont été bien reçus par l'auditoire, reprenant ainsi quelques points de l'introduction du Président du COMEDS, MajGen Van Hoof de Belgique.

Dans sa présentation le président a utilisé l'expérience du Congrès d'été de la CIOR-CIOMR-NRFC pour montrer les différentes voies dans lesquelles les nations de L'OTAN essayent d'adapter leur Défense et en particulier leurs Services Médicaux à la nouvelle situation.

De plus le président a présenté l'aspect civil de son travail, à savoir l'identification des victimes d'accidents de grande échelle, autre secteur où la coopération civilo militaire a une grande importance.

La conférence fût très bien organisée, et permit de profiter de la beauté du paysage slovène ainsi que de la grande hospitalité des Slovènes.

In addition the president gave a presentation from the civilian side of his work, namely the identification of victims of large scale accidents, another area where civilian military cooperation is of great value.

The conference was very well organised, profiting from the beauty of the Slovenian landscape and the tremendous hospitality of the Slovenians themselves. The president could not help suggesting diplomatically to his hosts that they are very welcome indeed in the CIOMR as associate, and probably very soon full members, providing him with another good reason for visiting Slovenia.

Meeting of the NATO Telemedicine Panel - Oslo 18-19 October 2003

NATO Telemedicine Panel and the NATO Medical Information Management Systems (MIMS) Working Groups met together to tackle the many problems of communications between the various elements of the national forces during times of action, as well as with some of the national healthcare systems during peacetime operations.



NATO/COMEDS TELEMED (Committee of the Chiefs of Military Medical Services Telemedicine Panel) is a subgroup of the NATO/COMEDS *Medical Information Management Systems (MIMS) Working Group*. These groups meet a couple of times per year, both to work out the solutions to the various technical and legal problems of interoperability as well as to exchange valuable experience and lessons learned from real-life operations, such as those in Kosovo, Afghanistan, and Iraq.

TM-Alliance, being a consortium of ESA, WHO (World Health Organisation) and ITU (International Telecommunications Union) presented the experiences of the 3 organisations, especially that of ESA in the area of telemedicine, where the agency possesses long experience of telemedical operations both in human spaceflight and in long-duration ground simulations, as well as in satellite telecommunications. Also brought up was the subject of data privacy and its impact on implementing cross-border healthcare in the EU and beyond. The group were particularly interested in learning about the legal implications on telemedicine and eHealth of the new EU Directive 95-46 on personal data privacy.

Le président informa de façon diplomatique à ses hôtes qu'ils étaient les bienvenus à la CIOMR comme membre associé et probablement très bientôt comme membre à part entière, ceci fournissant une autre bonne raison de retourner en Slovénie.

Réunion du Forum OTAN de Télé-médecine - Oslo 18-19 Octobre 2003

Le Forum OTAN de Télé-médecine et le Groupe de Travail OTAN sur les systèmes de gestion de l'information médicale (MIMS) se sont réunis pour étudier les problèmes de communication entre les différents éléments des forces nationales pendant des opérations, ainsi que les systèmes de santé publique nationale pendant les opérations de maintien de la paix.

OTAN/COMEDS TELEMED (Comité des Chefs des Services de Santé – Forum de Télé-médecine) est un sous-groupe du groupe de travail *Systèmes de gestion de l'information médicale (MIMS)*. Ce groupe se réunit plusieurs fois par an afin de trouver des solutions aux différents problèmes techniques et légaux d'interopérabilité et pour

faire des échanges d'expérience des différentes opérations comme au Kosovo, en Afghanistan et en Irak.

TM-Alliance, un consortium de l'ESA, de l'OMS (Organisation mondiale de Santé) et l'ITU (International Télécommunication Union) a présenté les expériences des 3 organisations, surtout celles de l'ESA dans le domaine de la télé-médecine, où l'organisation possède une longue expérience d'opérations en télé-médecine tant pendant les vols dans l'espace et pendant des simulations de longue durée au sol ainsi que dans le domaine des télécommunications par satellite.

A aussi été abordé le sujet de la protection des données privées et son influence sur l'application de soins médicaux dans l'UE et hors de l'UE.

Le groupe a montré un intérêt particulier aux implications légales sur la télé-médecine et l'eHealth, générées par la nouvelle directive de l'UE 95-46 sur la protection de la vie privée.



20th COMEDS Plenary Meeting
Oct 22nd – 24th, 2003 - Brussels

20^{ème} Réunion plénière de COMEDS
22-24 Oct 2003 - Bruxelles



COMEDS celebrates its 10th anniversary

COMEDS celebrated its 10th anniversary in presence of HRH Princess Astrid of Belgium in the academic opening session of the 20th plenary meeting. Several interesting lectures were held by speakers from the NATO HQ, among them general Kujat, president of the Military Committee. Subjects brought up were : challenges in a changing political-military environment, future challenges for military medical services, medical aspects of terrorism from CEPD perspective, military medical services and new expectations in WMD/CBRN environment.

History

- In 1968, the Ministers of the European member states of NATO felt the need to develop more informal co-ordination and founded the EUROGROUP. The EUROGROUP ministers were advised in their tasks by different groups of experts (Logistic, Training, Co-ordination of weapons procurements...).
- In 1970, the Chiefs of the Medical Services of the European Members Countries of NATO founded EUROMED. Very quickly, the UNITED STATES, CANADA and FRANCE, as well as the medical representatives of the Major NATO Commands joined EUROMED, as observers.
- In December 1992, all activities of the EUROGROUP were transferred to the Western European Union (WEU) excepted EUROMED who joined the NATO structure.
- The NATO Military Committee approved on 22 October 1993 with document MC 335 the establishment of COMEDS.
- On 6 December 1993, the NATO Council noted this establishment.

COMEDS fête son 10^{ème} anniversaire

COMEDS fêta son 10^{ème} anniversaire en présence de SAR Princesse Astrid de Belgique dans la session académique d'ouverture de la 20^{ème} réunion plénière. Plusieurs conférences intéressantes furent présentées par des orateurs du QG de l'OTAN, parmi eux le général Kujat, président du Comité militaire de l'OTAN. Les thèmes abordés étaient : les défis dans un environnement politico-militaire fortement évolutif, les futurs défis militaires pour les services de santé, les aspects médicaux du terrorisme du point de vue du CEPD (Civil Emergency Planning Directorate) et les nouvelles prévisions dans un environnement ADM.

Histoire

- En 1968, les ministres des pays européens de l'OTAN sentirent le besoin de développer une coordination plus informelle et fondèrent l'EUROGROUP. Les ministres de l'EUROGROUP furent conseillés par de différents groupes d'experts (Logistique, Entraînement, Coordination des achats d'armes...)
- En 1970, les Chefs des Services de santé des pays membres européens de l'OTAN fondèrent EUROMED. Très vite les Etats-Unis, le Canada et la France, ainsi que des représentants des Grands Commandements de l'OTAN joignèrent EUROMED comme observateurs.
- En décembre 1992, toutes les activités de l'EUROGROUP furent transférées à l'Union de l'Europe occidentale (UEO) sauf EUROMED qui joignit la structure OTAN.
- Le 22 Oct 1993 le Comité militaire de l'OTAN approuva la fondation de COMEDS avec le document MC 335.
- Le 6 décembre 1993, le Conseil OTAN prit acte de la fondation.

Future military challenges for the medical services

Remarks by General Harald Kujat - Chairman of the NATO Military Committee - held at the 20th COMEDS Plenary Meeting under the auspices of Chairman COMEDS - Brussels, October 22nd



Your Royal Highness, General Van Hoof, COMEDS members, admirals and generals, ladies and gentlemen,

*“ Men who are occupied in the restoration of health[...] are above all the great of the earth”*¹.

This statement by Voltaire in his piece “physicians” is a dear one to us, members of the profession of arms.

Healthy soldiers are the most important resource a deployed force can count on, a resource that must be preserved above all. All of the other capabilities we invest in are there to enable our people to do their job.

That is why I am extremely pleased to join you here this afternoon to discuss the future military challenges for military medical services.

The only way to predict the future is to have the power to shape the future. Thus, I am going to share with you a few ideas about the military medical profession, as it relates to NATO, and its future development, in the hope that conferences such as these can promote a culture aiming not only in adapting to the emerging security environment, but also influence the future and shape it.

Part 1 – Trends and evolutions

Over hardly a decade, the speed of change within our societies has increased dramatically. Mr Colston already alluded to globalisation.

Reinforcing his point, let me add that, perhaps the single most important element of a new paradigm at the roots of conflicts could be called interconnectedness.

The media revolution accelerated this phenomenon. The proliferation of means of communications is a trend that has had important consequences on the security environment. In sub-Saharan Africa, in the poorest of villages, there is always a television set, usually at the local bar and sometimes hooked to a satellite dish.

¹ VOLTAIRE, Physicians, Philosophical Dictionary, 1764

Futurs défis militaires pour les services de santé

Allocution tenue par le Général Harald Kujat – Président du Comité militaire OTAN – à la 20^{ème} réunion plénière de COMEDS sous les auspices du Président de COMEDS – Bruxelles 22 Oct 03 (uniquement disponible en anglais)

Photo : NATO/OTAN

The major differences between fifty years ago and now is that:

1. inequalities between peoples are increasing exponentially and
2. ... everybody knows about it! This in turn helps fuel the many non-state actors who are feeding on these inequalities to enhance their influence and power. Let alone the so called “cyber attacks”, which can virtually paralyse entire sectors of society. Defending against these hazards has become a multi billion dollars business.

All these factors lead to a de facto decreasing influence by the states on the course of action in the field of security.

There is an increased likelihood that relatively small states, or non-state actors, organizations or groups of extremist use asymmetric means, in order to influence globally in accordance with their political or economic aims.

While conventional war will remain the means of last resort to resolve inter-state confrontations, future conflicts will likely be asymmetrical in nature and I totally share what Mr Colston said about this. The rise of non-state actors threats is a tremendous problem for western governments and militaries, because we, contrary to them, are legally and morally bound to wage war in accordance with the international law of armed conflict.

NATO came of age in the cold war era. This period was characterised by nuclear deterrence and a territorially based defence system. Nations had draft systems in place, so manpower was not a problem.

Plans anticipated huge casualty rates in case of a major conflict between these heavily mechanised forces. Nuclear deterrence and its precept of mutually assured destruction worked.

Since the collapse of the soviet union and the Warsaw Pact, which culminated in the fall of the Berlin Wall and the whole Iron Curtain, the strategic environment has dramatically changed.

This period was followed by the NATO-led operations in the Balkans, which are still ongoing. This is the era of the peace support operations and operations other than war. Its characteristics are quite different. After having agreed, or forced to agree by the multinational community to a peaceful end of a war situation, a multinational force separates belligerents.

This decade was also marked by the slow transformation of the Alliance from a threat based planning organisation to a capability based planning organisation. The nine-eleven terrorist attacks on the United States gave this process all its meaning and figuratively lit fireworks under our collective seat!

In fact, the Prague Summit also set out the new beacons for NATO in the new security environment. It stated that:

“ NATO needs the capability to field forces that can move quickly to wherever they are needed and sustain operations over great distance, including in an environment where they might be faced with biological, chemical and nuclear weapons.”
End of quote.

Less than a year after that, NATO started to deliver on its promises. This declaration ended the “out of area” debate in NATO, as exemplified by the now NATO-led operation in Afghanistan. Key evolutions within this new approach are the creation of the NATO Response Force, which is designed to operate in a high intensity environment.

Parts of it will be kept at high readiness. It will be sustainable on its own for at least 30 days and will be able to draw on designated specialist capabilities, including NBCR defence. The initial elements of this Force, joint and combined, was actually inaugurated last week in Brunssum, under the leadership of CINCNORTH, and is already comprised of 6,000 personnel.

Mr Colston already said a few words about the command structure. Indeed, on 19 June 2003 and for the first time in more than forty years, a new NATO strategic command was created in Supreme Allied Command Transformation. Simultaneously, all operational functions were assigned to SACEUR, wherever the theatre of operations may be. Additionally, some NATO nations, most of them Europeans, decided together to acquire capabilities designed to deal with the emerging challenges, such as the Alliance Ground Surveillance system, air-to-air refuelling and

strategic lift of outsize cargo.

Part 2 – A transforming NATO, a transforming medical profession

A matter of concern in NATO has always been the growing capability gap between the United States and its allies that needs to be managed to avoid a division of labour within the Alliance.

That could lead to a de facto role for the United States and coalitions of the willing in high intensity war fighting and a specialisation of European nations in mop-up operations.

To address this, many non-American allies are now undertaking the necessary defence reforms to create more agile and expeditionary forces that are sustainable over longer periods. In other words, we need to increase the usability of our forces. The question is not so much to reduce the overall number of our forces, but to transform them into expeditionary capabilities, eliminating redundancy along the way.

It is precisely this trend that pushes our medical services to become more efficient within shrinking defence budgets and makes them adapt to the challenges of the new spectrum of more complex operations, over long distances and under adverse climate conditions.

It was very apparent during the US-led coalition operation in Iraq last spring that the battlefield is increasingly fluid and the medical support of a force are required to be agile and to operate together with small groups while providing all possible care in the field.

In both civilian and military health care, ever more emphasis is placed on preventive action in order to reduce mortality as a whole in the field. Obviously, this evolution pushes medical support further on the road of stabilizing techniques and consequent early aero medical evacuation. Medical support installations providing the comprehensive package of specialist care in theatre will become ever more rare an asset. They will increasingly be found in modular and containerised task-tailored formats embarked on support ships or as host nation support facilities in adjacent countries.

A well-established emergency care system continues to enhance its responsiveness, even in remote areas. Helicopter evacuation and emergency intervention care teams bringing advanced trauma support techniques to the spot of the traffic accident are quite common standard in most of our nations.

Telemedicine and teleconsulting techniques as well as medical data transmission continue to develop. These means off-the-shelf solutions for situations where scarce medical staffs should be engaged in ways that are more cost-efficient.

Although still in its infancy, civilian authorities have recently increased their efforts to enhance the responsiveness of the civilian medical infrastructure in dealing with the potential consequences of WMDs.

Consequently, operational planners must consider the trends I just talked about early enough so that medical plans are fully synchronised with operations. Indeed, operations are our *raison d'être*. Medical services must remain geared toward supporting troops before, during and after deployments. Before our soldiers deploy, medical services should be instrumental in ensuring our troops are fit to fight. During deployments, medical attention should shift towards force protection and appropriate medical follow-up, both physical and psychological, should be sustained after deployments.

The existing reporting procedures for diseases and casualties should be improved to ensure timely and effective decision-making for commanders. Furthermore, medical intelligence, as a skill, should be developed among all NATO nations as it will become increasingly relevant to operations.

Earlier, I spoke about the Prague Summit. Then, our Heads of States and Governments also recognised the inherent medical dimension of nuclear, biological, chemical and radiological defence. Indeed, medical support to formations in the field operating in so-called "dirty" environment is in dire need of revamping and should also include a civil-military cooperation dimension.

Medical support concepts will have to focus ever more on supporting smaller, more mobile units, equipped with greater precision firepower. This might imply the need to push forward life saving techniques to smaller units levels, especially in "Special Forces"-type operations. It will speed up the debate of which medical, paramedical and non-medical personnel should be trained and equipped to perform which medical life-saving acts in operational crises.

An interesting way to make the military medical services more in sync with the new types of warfare we will engage in seems to better coordinate with specialised inter-governmental agencies such as the United Nations World Health Organization.

This kind of coordination might assist in reducing duplication of efforts in developing standards, eventually using civil standards for the military and NATO STANAGs for civilian purposes. This also implies a better coordination in order to achieve unity of effort in the field of mass terrorism. Indeed, the military concept for the defence against terrorism recognises the support for NATO assets to supplement national resources in consequence management of terrorist actions. Mr Orosz will develop on the subject of consequence management after the break.

In the longer run, we will need to move towards common capabilities in Europe. We are doing it with the combat and combat support capabilities, the so-called poor man's approach to acquire what is needed at reasonable costs.

Some medical functions such as role 3 field hospitals and strategic aero medical evacuation are certainly ripe for potential pooling of efforts, even more so if we want these facilities to be able to function in CBRN environments.

Conclusion

I will conclude by saying that the medical services in NATO nations are truly in a growth industry. Long gone is the time where static hospitals could support operations. As our combat functions transform, so must our medical services as well.

Operational tempo is rapidly increasing, even in operations other than war. Combat service support in general and medical services in particular will be expected to keep up with the pace and go where the action is.

I see a lot of question marks and there is a need to answer them together, sooner rather than later. Debate in this field is good and I wish you success.

Again, thank you General Van Hoof for your continued contribution to the work of the Military Committee. I know you are not totally happy with the current medical representation in the NATO Command Structure but I hope that we have been able, at least, to address some of your concerns. I also thank you for your leadership in addressing these issues, we have always enjoyed your reports.

Your Royal Highness, ladies and gentlemen, thank you for your attention.



AGENDA

AMSUS Annual Meeting
SAN ANTONIO, TX (US)
November 17th – 21st, 2003
www.amsus.org

3rd Panamerican Congress on Military Medicine
SANTIAGO (Chili)
November, 18th – 21st, 2003
www.cimm-icmm.org

CIOMR Midwintermeeting
BRUSSELS (BE)
February 12th – 14th, 2004

CIOMR Summer Congress
VIENNA (AU)
July 27th – 31st, 2004
www.oeog.at

ICMM Congress
WASHINGTON DC (US)
September 12th – 17th, 2004
www.cimm-icmm.org

AMSUS Annual Meeting
DENVER, CO (US)
November 14th – 19th, 2004
www.amsus.org

Nordic Congress of Military Medicine
venue to be decided
June 8th – 10th, 2005

AGENDA

AMSUS Réunion annuelle
SAN ANTONIO, TX (US)
17 – 21 novembre 2003
www.amsus.org

3^{ème} Congrès panaméricain de Médecine militaire
SANTIAGO (Chili),
18 - 21 novembre 2003
www.cimm-icmm.org

CIOMR Réunion d'hiver
BRUXELLES (BE)
12 – 13 – 14 février 2004

CIOMR Congrès d'été
VIENNE (AU)
27 – 31 juillet 2004
www.oeog.at

CIMM Congrès
WASHINGTON DC (US)
12 – 17 septembre 2004
www.cimm-icmm.org

AMSUS Réunion annuelle
DENVER, CO (US)
14 – 19 novembre 2004
www.amsus.org

Congrès de Médecine militaire de l'Europe du Nord
lieu encore à déterminer
8 – 10 juin 2005

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