



Civil-Military Cooperation in Maritime Medical Support to NATO-led Operations

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Summary - The nature of Maritime military operations is such that vessels are operating in majority of the operation far removed from land-based medical treatment facilities. This characteristic requires from medical planners to plan for an effective military medical support framework with highly dependence on efficient medical evacuation system in order to meet the NATO treatment timelines. The civil-military cooperation under the Law of Seas and liaison and cooperation with the available ashore civilian treatment facilities are important tools in the maritime medical support framework. The aim of this publication is to present the Civil-Military Cooperation in Maritime Medical Support to NATO-led Operations

Materials and Methods: By the means of descriptive method civil-military medical cooperation during some of the latest NATO operations are described. Deductive analysis was applied in order to analyze how this cooperation could be ameliorated in order to be of greater use for the military and civilian medical support to sailors.

Conclusions: As a result of performed analyses several educational, training and planning proposals are emphasized.

Key words: Civil-Military Cooperation; Maritime Medical Support; Law of Seas; Mass Casualty Situation, Medical Evacuation.

Introduction

For the last decades, the increasing number of reported catastrophes worldwide has triggered a universal consciousness, urging governments to develop national capabilities, ready to provide disaster relief or humanitarian assistance. However, in most cases, dedicated governmental resources have proven to be insufficient to provide an effective response on their own. For enhancing the response effectiveness and efficiency, recently the military have been increasingly tasked as the first “on-scene” responder during natural and man-made calamities. The reason for this is because a military force has formations that are highly mobile and responsive, thus able to provide the much needed first level Humanitarian Assistance or Disaster Relief (HADR), especially if it involves massive destruction to infrastructure and lines of communications. As speed is the “key” to saving lives and reducing suffering in the early stages during natural and man-made disasters, military forces nowadays often have to be prepared and trained for HADR missions. These missions could be complementary to the military one or to be the main military operation. Therefore, the military leaders have to plan military courses of actions and allocate resources for conducting standing alone or coordinated with non-military actors HADR operations. From activation to execution, time is at a premium in the planning domain, therefore the cooperation between all available structures capable to provide assistance is of utmost importance. In order to accomplish these tasks most of the Armed forces worldwide are emphasizing on preparedness for HADR operations at all levels and on coordination and possible cooperation with all national, international and non-governmental actors involved into humanitarian or relief operations. (1, 2)

Recent major disasters have clearly demonstrated the vital need for better coordination and cooperation between humanitarian players, while highlighting their greatest weakness: a lack of mutual understanding and knowledge. The NATO comprehensive approach to crises management is the Alliance response to these challenges. (3, 4)

Providing assistance to the victims after a natural or manmade disaster is not a new task for NATO Maritime forces, as it is not a novel for most of the naval forces. While deployed worldwide in the framework of more traditional missions, naval platforms



are frequently the first on the scene, bringing a quick response after a catastrophe. However, unless trained and equipped for the specific disaster mission, these 'emergency' responses have often been limited in their ability to deliver the desired effects. In other words, whilst they are able to conduct initial 'first aid' action, they are rarely prepared to do much more. (1)

On the other hand, the nature of Maritime military operations is such that vessels are operating in majority of the operation far removed from land-based medical treatment facilities. This characteristic requires from medical planners to plan for an effective military medical support framework with highly dependence on efficient medical evacuation (MEDEVAC) system in order to meet the NATO treatment timelines. The civil-military cooperation under the Law of Seas and liaison and cooperation with the available ashore civilian treatment facilities and MEDEVAC capabilities are important tools in the NATO maritime medical support framework. (5)

The aim of this article is to present the Civil-Military Cooperation in Maritime Medical Support to NATO-led Operations.

Materials and Methods

By means of descriptive and comparative methods are analyzed the NATO Medical documents of reference as well as the recent NATO Maritime operations. The deductive and cluster analyses are applied in order to depict the main Civil-Military Coordination and Cooperation challenges and possibilities in the provision of medical support to NATO Maritime operations.

Results and Discussion

In NATO Medical Support Doctrine is clearly stated that the mission of medical support in military operations is to support the mission, through conservation of manpower, preservation of life and minimisation of residual physical and mental disabilities. The Allied countries noted that the appropriate medical support makes a major contribution to both force protection and morale by the prevention of disease, rapid evacuation and treatment of the sick, wounded and injured and the return to duty of as many individuals as possible. (6) In the same document of reference the main NATO Medical principle is presented – "Medical support to NATO forces must meet standards acceptable to all participating nations. Even in crisis or conflict, the aim is to provide a standard of medical care as close as possible to prevailing peacetime national medical standards, given the difficulties of doing so in an operational setting." The troop contributing nations and NATO military Commanders share the responsibility to guarantee medical care of all injured, wounded or ill military personnel on foreign deployment, the result of which corresponds to the standards in his/her home country. (7, 8)

Maritime operations differ from land operations because the environmental conditions have a direct influence on the course of action. Extreme weather impact, moving platforms, overcrowded and limited space aboard, extended lines of communications at sea, etc. are very challenging factors concerning the installation of an effective medical support chain. Furthermore, under the Law of Seas an aid to suffering sailors or passengers has to be provided within available means and capabilities.

The Medical support to Maritime operations also has some particularities that are related to the features of the Maritime military operations. After analyzing the characteristics of completed and ongoing NATO-led Maritime operation with impact on the medical support planning and execution the following six main features have to be highlighted:

- Extreme weather conditions;
- Moving platforms;
- Limited space aboard;
- Great distances at sea;
- Long lasting deployments;
- Limited (paucity of) medical means and capabilities;
- Reliance on MEDEVAC;
- Reliance on Medical Information exchange;
- Law of Seas.

The focus is no longer on the ship's surgeons' work with corresponding land-based support but on medical care that goes as far as providing surgical intensive medical treatment in world-wide missions and in an asymmetric threat scenario. As it was stated above most of the navies participate actively in HADR operations, very often as the first medical teams arriving in support to the overwhelmed national medical healthcare system. (9, 10) This requires an expansion of the sick bay's infrastructure, improved and optimized medical storage facilities for the steadily increasing quantity of medical supplies as well as medical devices and equipment that correspond to the medical standards.

The level of medical support available depends on the countries and the size of the ship's crew. Some countries own dedicated assets able to provide the same level of medical support as a modern city hospital. (pics 1, 2)

Taking into account the new role of the NATO in the changing global world environment the policymakers of the Alliance have highlighted the interdependency of contemporary security threats and the requirement for joint civil-military activities in order to resolve the eminent or already existing crises. This is clearly depicted in the 2010 strategic concept:

- Crises beyond NATO's borders can pose a direct threat to the security of Alliance territory and populations. NATO will therefore engage . . . to prevent crises, manage crises, stabilize post-conflict situations and support reconstruction. (para 20)
- To be effective across the crisis management spectrum, we will:
 - Further develop doctrine and military capabilities for expeditionary operations;
 - Form an appropriate but modest civilian crisis management capability to interface this capability may be used to plan, employ and coordinate civilian activities;
 - Enhance integrated civilian-military planning throughout the crisis spectrum; and
 - Identify and train civilian specialists . . . Made available for rapid deployment . . . to work alongside our military personnel (para 25)

With what means and capabilities NATO assets deployed for medical support to NATO-led Maritime operation could be utilized for enhancing civil-military coordination and cooperation in crisis environment?

After thoroughly performed analyses on what NATO nation have deployed and are planning and training for future deployment for medical support to Maritime operations, the following assets were noted for provision of support to the civil healthcare authorities in case of emergencies:

- MEDEVAC (Medical Evacuation) support;
- Medical care treatment – surgical and radiography facilities;
- Field expert teams – triage, sanitation, Medical Intelligence (MEDINT);
- Medical support during evacuation;

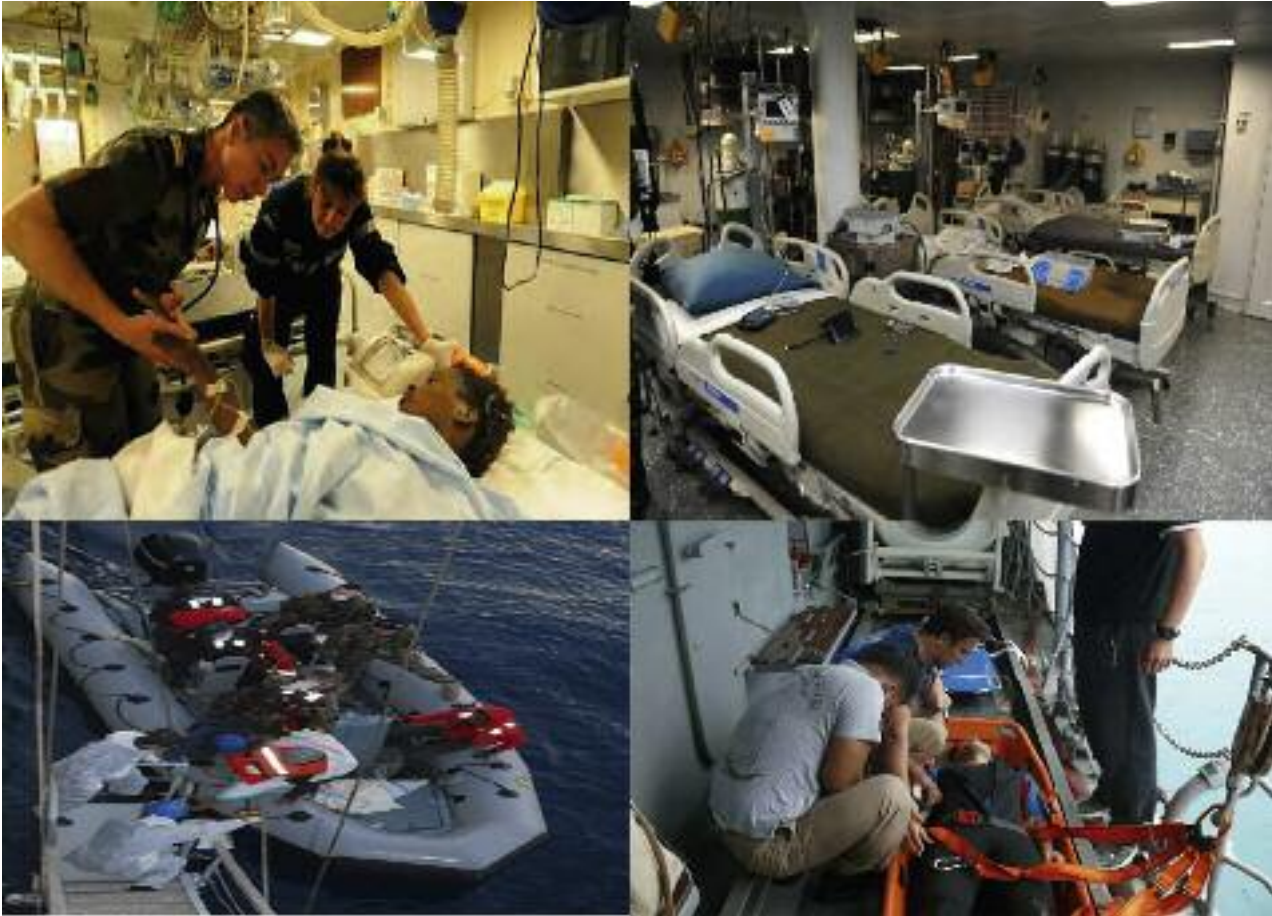
The most important capabilities usually insufficient in the early response phase of disaster medical support are the teams for medical situation assessment and first medical aid provision. The military has been trained and prepared for rapidly deploying medical and specialized teams for Medical Intelligence, triage, stabilization and evacuation. (11, 12, 13) In the cited documents the possibilities of these teams are thoroughly described and analyzed. In the recent years maritime platforms were used as medical treatment facilities and proved to be as efficient as any Role 3 deployed field hospital.

During the Libyan crisis naval platforms were successfully utilized for evacuation of the refugees, maritime assets performed MEDEVAC and CASEVAC operations. (pics 3, 4)

On the other hand due to the extended operational area (ships patrolling far away from the ashore bases or even form shore) and often to very limited medical capabilities aboard NATO Maritime medical support has to relay on civil assistance (14) in order to meet treatment timelines and assure the life and health of the sailors. This assistance is provided under the Law of Seas or on established prior or during the operation technical agreements (TA) and/or memorandum of understandings (MOUs).

Civilian healthcare authorities could support the NATO maritime troops with the following:

- MEDEVAC and treatment on board;
- Ashore Role 2 and above medical care;
- MEDEVAC off board to ashore/on board;
- Medical Information sharing – hazards, preventive measures, medical logistic;
- Medical Logistics.



Conclusions

Based on the obtained results of the analyses of the civil-military coordination in medical support provision in the completed or ongoing NATO Maritime operation the following conclusions regarding the main challenges both military and civilian actors have been facing could be noted:

- Confidence between the actors;
- Medical information sharing; (15)
- CIS Equipment;
- Medical Information and Medical Support Management common tools;
- Medical equipment.

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