Report Of Proceedings

Director General Army Medical Services 1998 Annual Conference

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The 1998 DGAMS' Conference was held at Millbank, London on 17th and 18th June. The Theme for this year's Conference was: **"North Atlantic Treaty Organisation (NATO), the Western European Union (WEU) and Interoperability"**. The delegates included the Keynote Speaker, Rear Admiral Simonetti of the Italian Navy, the Allied Command Europe Rapid Reaction Corps (ARRC), a multinational NATO formation, followed. This was presented by **Lieutenant Colonel DJ Morris RAMC**, lately a staff officer at Headquarters ARRC. This examined in particular the difficulties in agreeing protocols and levels of participation in an operational military formation by member nations. The concept of certification of the competence of national medical facilities to provide for other national casualties was also discussed.

The Conference was in two parts. First, there was a series of presentations to set the scene and concentrate the minds of delegates on the complexity of the subject matter. This was followed by the delegates splitting into working groups to consider some of the practical difficulties involved in medical interoperability, after which they presented their deliberations in plenary session. This was not intended to solve problems, but to inform by exposure delegates who had little previous experience of the topic.

The proceedings opened with an account, by **Colonel KNA Millar, late RAMC**, of some historical instances of multinational military adventures where interoperability had not been as successful as it might, and an exposition of some of the many difficulties which bedevil true interoperability in overall military terms. Delegates were reminded of the continuing part played by national pride and posture, and of the ethical, language and capability differences, real or perceived, which exist in relation to NATO or WEU allies.

This was followed by a demonstration of a truly successful and multinational example of medical interoperability by **Lieutenant Colonel TO Jefferson RAMC**, Parkes Professor of Preventive Medicine. EPINATO had been developed over the past three years as the NATO Health Surveillance programme. It had been established initially in Bosnia-Herzegovina to support the international peace support force, but was growing almost daily and now provides a wide data base to support medical planning. The fact that this programme had

successfully been introduced to nations who had previously been unallied either to each other or to NATO, while within the UK there were still difficulties in its acceptance by the three Services was commented upon.

An exposition of some of the problems which face the Allied Command Europe Rapid Reaction Corps (ARRC), a multinational NATO formation, followed. This was presented by **Lieutenant Colonel DJ Morris RAMC**, lately a staff officer at Headquarters ARRC. This examined in particular the difficulties in agreeing protocols and levels of participation in an operational military formation by member nations. The concept of certification of the competence of national medical facilities to provide for other national casualties was also discussed.

The United States of America is a major NATO partner, the perceptions from that Nation were expressed by **Colonel TW Roach, US Army Medical Department**. He spoke on the changing role of the NATO Alliance, current NATO military emphasis and the enablers of Combined Joint Operations. He focused on the specific area of Command, Control, Communications, Computers and Intelligence (C4I), concentrating on the importance of Information Systems and communications to improving medical interoperability. The need for commonality of approach and compatibility of systems was seen as essential to the proper provision of military medical support to Combined Operations.

Brigadier JR Brown, late RAMC, Director of Medical Programmes and Plans, presented on the current involvement of the UK Defence Medical Services in seeking greater medical interoperability in NATO and the WEU. In his presentation, he discussed the NATO Medical Committees which were involved in this work, and outlined the UK's contribution to these committees.

The Keynote Address by **Rear Admiral F Simonetti, Italian Navy, ACE Medical Adviser** followed. He underlined the importance to the NATO Alliance of making progress in this field. He recognised that there were still unsolved difficulties, but was greatly encouraged by the substantial advances which had been made in recent years, particularly in connection with the deployment in

the Former Republic of Yugoslavia. Delegates were exhorted to look outside purely national interests and consider the importance of further international co-operation.

The didactic component of the Conference now being complete, delegates were allocated to sub-groups to discuss three problems relating to medical interoperability in combined operations. The sub-groups were so composed that delegates from all different backgrounds were placed together, under an experienced director, to ensure that each sub-group was a representative cross-section of the AMS.

The problems they had to address were as follows:

"What steps must be taken to ensure that the AMS can most effectively participate in multinational operations in the 21st Century?"

"What is seen as the principal barrier to operational medical interoperability, and how can this be overcome?"

"Recent operations in the Former Republic of Yugoslavia have exposed certain practical difficulties in multinational medical support. How could a different approach to the provision of medical support to such operations offer any economies of either scale or effort?"

It was recognised that the three questions had common areas, and thus each sub-group discussed all three, but were then invited to present their views on only one. As has already been indicated, this discussion and presentation was not intended to define any full answer to these questions, but rather to expose the arguments to a wider audience than that normally involved in such matters of policy. As such, it would be improper to detail the minutiae of either discussion or presentation.

However, some points of general note did appear which indicate the general view of the delegates. The main thrust was that mistrust and misinformation appeared to present the major barrier to better interoperability. This could, it was generally felt, be ameliorated by:

- Education in its widest sense.
- A fuller involvement by the UK Defence Medical Services in NATO exercises.
- A more positive approach by UK to filling NATO medical staff appointments.

Education was recognised as being applicable not only to the military medical community. The larger military and indeed political community within UK would need to

become better informed on the strengths of Allies' medical services before UK servicemen could be entrusted to their care without any misgivings. Education would also include more language training; the inability of the UK service population to speak other languages was seen in stark contrast to the linguistic abilities of many of our European Allies.

A great involvement in NATO exercises, particularly medical exercises, by the DMS would further broaden perspectives and increase knowledge of Allied procedures. This in turn could help to identify procedural friction and equipment incompatibilities and thus pave the way for that friction and these incompatibilities to be overcome. This required a greater will by UK medical and exercise planning staffs to permit appropriate participation by operational medical units on major NATO exercises. Such involvement inevitably requires early programming and resourcing of funds in line with NATO's advanced exercise planning timetable.

It was seen as pivotal to better co-operation to ensure that NATO medical staff appointments were appropriately filled. Only by so doing would the UK continue to demonstrate its willingness to further interoperability, and ensure that MOD and Command medical staffs were not fully in the picture as early as possible on developments within the Alliance. The opportunity to ensure that UK medical staff officers occupy positions of influence and responsibility within the medical functional area of NATO is now possible, as a result of the recent NATO Long Term Study. All medical appointments within the new command structure's HQ peace establishments are shortly to be offered to nations to bid for and resource. It was recommended that the appropriate medical staffs make good use of this limited window of opportunity.

In relation to this, it was also suggested by delegates that there could be merit in examining the possibilities of establishing formally combined medical institutions within NATO. These could be a NATO Medical College, at which doctrinal and procedural matters, as well as clinical matters, were considered and taught; it was also suggested that a NATO Hospital could be established in continental Europe, staffed by personnel from all contributing Nations. It was accepted that both of these proposals would require a great deal of further work before they could be contemplated in anything other than theory. However, it was seen that such institutions would make great progress in breaking down mistrust, identifying specific national strengths and contributing to the overall medical education of NATO.