Restructuring to Face Future Challenges: NATO's New Strategic Medical Organisation

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The structure of NATO has evolved during the last half century of the Alliance's existence. However, its structure has been underpinned by the existence of two strategic level commands, one with a maritime focus based in the continental United States of America and the other, a land operations focused command based originally in France and then in Belgium. Throughout the 20th Century, even following the fall of the Berlin Wall, NATO remained principally an Alliance intended for self-defence within the international borders of its member states. The world situation has now changed, particularly following the major terrorist attacks against the United States of America on 11 September 2001, and with it NATO has changed as well. The Alliance currently is undertaking its first out-of-area deployment, and establishing reaction forces able to deploy at short notice to crisis situations within and without NATO's borders. This is happening during a time of major conceptual change for much of the military, with rapidly advancing technology and developing doctrine driving changes in structures and capabilities. The Alliance has realised that it needs to make major changes to its structures in order to meet the many challenges it finds itself facing in this complicated environment.

Keywords: borders; change; commands, strategic; crisis; deployment; military; NATO; reaction forces; terrorist attacks
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The presentation introduces the current outcomes of the ongoing NATO Command Structure Functional Review, with a particular focus on the new medical structures within Allied Command Transformation and Allied Command Operations.

CIOMR: The Changing Role of Military and Civilian Medical Reserve Forces

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The role of military and civilian medical forces has changed dramatically, and the reserve component has not been spared. With the fall of the Berlin Wall, the politicians promptly reaped the "Peace Dividend," ignoring the fact that the end of the Cold War would require the investment of different--and not necessarily fewer--resources. Then, the events of 11 September 2001 occurred and brought a completely new aspect to warfare.

The civilian and military medical reserve forces have been affected gravely by these developments, both within the North Atlantic Treaty Organization (NATO) and outside. The decrease in peacetime forces has meant fewer medical personnel, and the few remaining military hospitals barely survived by treating civilians. In many NATO nations, there no longer is a pool of serving medical officers, nurses, etc., in clinical employments. Therefore, where the reserve could replace them in the past, they no longer are there. Medical support, or rather the lack of it, may be the limiting factor for nations' ambitions about sending their armed forces abroad.

The CIOMR, which represents the medical reserve officers of the Alliance, sees as its role "to support NATO with medical expertise." An example is the work on a Civilian Skills Database that serves to identify experts who are also military reservists. Considering the threat of weapons of mass destruction, the medical aspects are becoming ever more important, and nations will need to include medical expertise with a military background in planning. With the multiplicity of nations in CIOMR now and even more in the future, we shall have a fund of experience with which to inspire individual nations seeking solutions to their problems.

Keywords: armed forces; CIOMR; database, civilian skills; medical; NATO; nurses; physicians; reserves; resources
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Lessons Learned

Lessons of Medical Multinationality

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Unilateral military action is the exception, not the rule. In the last century, excepting the Russo-Japanese and Iran-Iraq conflicts, all major interstate wars involved coalitions. Nowadays, few nations possess the full range of capabilities required and the strategic lift to deploy them. Even those capable of independent strategic deployment, will normally try to obtain the international mandate of an alliance to support their actions. There are many complications concerned with multinational operations and whilst offering the possibility of reducing national contributions, the provision of medical care in such a setting brings with it even more problems.

This presentation examines the strengths and weaknesses of multinational medical support in the context of military operations. In particular it examines lessons learnt from the Gulf War of 1991, NATO's operations in the Balkans and a number of recent deployments over the last year. A number of key areas for success of such a mission, that could be addressed in advance, are identified.

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