

**ZRÍNYI MIKLÓS NATIONAL DEFENSE  
UNIVERSITY KOSSUTH LAJOS FACULTY OF  
MILITARY SCIENCE**

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**Military Science PhD School**

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**The challenges of the military-medical service in the 21<sup>st</sup> century,  
focusing on the support of NATO's medical transformation**

A r sum  of the thesis and its official reviews.

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**Relevance of the topic:**

As the menace of the Cold War slowly disappeared, new threats emerged: even though the possibility of a global military conflict have diminished, parallel to that, new, asymmetric threats came to existence like racial and ethnic conflicts, crisis in the economy, climate change and one of its possible outcomes: mass migration, international organized crime and terrorism and the proliferation of weapons of mass destruction and other high-tech weaponry.

Deriving from all of the above, NON-WARFARE challenges became more important. Instead of fighting an all-out war, governments use their troops for crisis-prevention, crisis-management and different, so-called „non-5th article” operations.

The change in recent threats and the transformation of armed forces according to these, due to the growing expectations and attention of the society towards healthcare and the evolution of the principles and technology regarding medical support, this area has experienced a major reform and by now, it has become one of the most important security factors of operations. *Healthcare has come to the moment when it has to exceed its strictly supportive role and based on an overall approach, it has to provide actual results on its own to successfully complete an actual mission.*

When in the near future the role of the armed forces will no longer be restricted to crisis-response operations but most likely will take a major part in the stabilization of conflict areas, healthcare will be able to support the goals of the operation through aiding the reconstruction of the security sector, humanitarian aid and the reconstruction and development of the local healthcare sector. These elements clearly represent and explain one of the greatest changes in NATO's medical policy and doctrine in the near future: *a stand-alone medical doctrine is vital for the medical aspects of civilian-military cooperation.*

Hungary's joining to NATO has opened a new chapter, with a new level of quality – and therefore a constraining one – in the history of the Hungarian Medical Service. In my opinion this fact is well represented by the first NATO mission of the Hungarian Defence Forces in Albania (AFOR – a humanitarian mission), only a few months after our joining, where we had to

accommodate ourselves immediately with NATO's medical policy and practice. *This was definitely the "heroic age", when we have learnt from our own mistakes.* After the mission that lasted for almost half a year, we started to understand the terms "Standardization Agreement" or "Force Protection", but I've only met and utilized the medical policy and doctrine in NATO's mission in Kosovo (KFOR), in the mission's medical branch. This was the moment when it had become clear: this painfully long learning process – filled with many embarrassing surprises as well – should be used in some way. The greatest result of being the medical chief of the newly established Joint Command South in Verona for two years was getting to know NATO's medical planning policy and the recognition of the importance of the *operational experiences (Lessons Learned)*. Filling the position of the Medical Branch Head of the International Military Staff at the Joint HQ in Brussels allowed me to not just to understand but to actively influence NATO's medical policy and furthermore, I had the chance to take part in the reorganisation and modernisation of NATO's medical system. It became clear for me in this process that the future will be based on multinational cooperation, which requires interoperability, to perfect the capability of *operating together*. Since I had been aware of ACT's concept regarding the role of Centres of Excellence in NATO's transformation, this was the time when the idea of a military-medical centre of excellence came to my mind – as a basis for promoting medical interoperability. The actual organization – as a sign of recognition for the Hungarian military-medicine – has been established in Budapest after two years of preparation.

Based on the abovementioned facts and taking the heightened demands of society towards medical support in quality and the increased operational tempo into account it has become clear for me that the present systems are simply not capable of meeting the requirements and are obsolete, thus it is gravely needed to reform them based on the operational experiences.

My own and my colleagues' experiences allowed me to see the shortcomings of NATO's medical system, therefore I'm convinced, that there is a need for a military-medical organization capable of not just following and applying the needed changes in medical support, but is able to be proactive, to alter and influence the reform process and to be the engine behind the medical transformation.

This need created an opportunity for me to determine the *aim* of my research, the *methods*, and the practical *implementation*, and eventually this led me to the *conclusions*.

**My thesis has the following scientific goals:**

1. Analyze the basic factors and the options for medical support deriving from the recent operational requirements, determining its possible challenges and main course.
2. Analyze and determine – based on the abovementioned facts – the so called niche capabilities and the deriving options for improvement.
3. Develop the concept, the structure and the method of practical establishment for a medical organization that is able to operate in both national and international environment and supports the theoretical and practical sides of medical transformation and furthermore is able to improve the efficiency of operations through providing niche capabilities.

**To reach the goals of my thesis, I have utilized the following professional methods:**

- Historical overview on the events, regulations, provisions, organizational alterations since the transition using a retrospective, library research,
- Processing my own experiences in the AFOR and KFOR missions and in various NATO posts and international comparison,
- Identifying the respective Hungarian and NATO regulations, doctrine and standard operational procedures and collating them with the present situation,
- Exchanging experiences at the various NATO member countries' medical services,
- Examining the Hungarian Defence Forces' and NATO's medical support system, utilizing the experiences of Hungarian and international combat exercises

- Processing the relevant professional literature: articles, studies, essays, books, regulations, NATO guidances, references in military science and logistical support in general and the medical support of troops,
- Publishing and introducing my professional opinion and partial results about my area of research in multiple ways: publications, studies, presentations on scientific conferences thus ensuring that a wide, military and civilian, professional audience could discuss it.

*As a closure of my thesis, I gave recommendations regarding the further methods and directions of improvements.*

**I have concluded my analysis dividing it according to my research goals.** Processing the relevant Hungarian and foreign professional sources and my own experiences, I have analyzed the current situation of the Hungarian and NATO medical support system. I have analyzed and projected the requirements of the new type of operations and the needed extension of capabilities deriving from that. Furthermore, I have designed the concept, the organizational structure, the required steps and the timeline of the establishment of an organization that is able to support – both domestically and internationally – the medical transformation.

**According to the abovementioned, I have divided my thesis into five chapters**

***In the first chapter*** I give a historical overview on the factors that had an impact on the changing requirements towards medical support and new challenges. Also, I give a summary of the experiences of the medical support of peace-supporting missions taken place in the time period since the transition to nowadays, in particular of the transformation of the Hungarian Defence Forces' medical service and besides of the changing of NATO's medical policy doctrine and standard operational procedures, the challenges healthcare currently facing.

***In the second chapter*** I demonstrate the structural elements of NATO's medical organizations in their recent state: after the reorganization taken place in the near past and recently. Alongside, I analyze the professional background behind the reorganization and the set of objectives of the different elements, determining the capability gaps and the proposed directions of improvements based on that.

***In the third chapter*** I recommend – based on my domestic and international experiences – to create a medical organization and also providing its concept and structural organization plan that

is able to efficiently promote the international and domestic transformation of medical support – a process that is meeting the requirements of our times.

*In the fourth chapter* I introduce the future plans, mission and strategic objectives and the Programme of Work for 2010.

*Finally, in the fifth chapter* I demonstrate the scientific results of my research and propose possible utilizations for them.

*The main research preceding this thesis has been finished by December, 2008; the supplementary research has been finished in April, 2009.*

### **Summary:**

Based on my own experiences and the results of my research **I gave a historical overview and analysis** – in the time period since the transition to nowadays – on the factors that had an impact on the changing requirements towards medical support and **the background, the need and the driving factors** behind this change. **I reckoned** that in that period the changing international environment caused a major alteration in the operational requirements of NATO, including the professional and social demands and needs towards medical support.

*I have demonstrated the characteristics, chances and challenges and possible major, professional options of this new type of medical support.*

*I have determined* that consequently, the changes will increase the need for **multinational medical support-structures**. This will result in the growing importance of **interoperability** between nations, common training and education of troops and cooperation with the civilian sector.

Considering the challenges, mostly based on my own experiences, I have **concluded an analysis** of NATO's present medical system and pointed out the **capability gaps** (or lack of capability) which hold back the improvement of the medical support.

As a part of this analysis, I examined the situation of medical staffs in NATO's command structure and have come to the conclusion, that the medical field is **under-represented**, it's

*decreased in numbers*, the available *positions are not fully filled*, which facts – considering the increase in tasks – make *proper and punctual execution of duties rather complicated*.

I deem the most important result – and chapter – of this dissertation that **I designed** the conceptual and structural basis and the practical methods of establishment of **an international, military-medical organization** – the **Centre of Excellence for Military Medicine** – that not only is able to efficiently promote the international transformation of medical support and thus contribute to the efficiency of missions, but it is a catalyst, the driving engine and the flagship of these changes.

**I have concluded** that Centres of Excellence play an **essential and ever increasing** role in NATO's transformational process. This organizational form ensures an efficiently way to provide the missing capabilities or to reform the obsolete ones.

Based on the operational requirements and recent capability gaps I **designed** the **professional concept and the practical steps of establishment**.

Regarding a possible location and founding nation for the Centre, **I have come to the conclusion** that **Hungary is suitable and able to** serve as a location and to be the framework nation, since the **Hungarian Defence Forces has the required personnel and physical assets**, including a **highly trained, experienced – both in missions and other NATO positions** – success-driven medical staff, that can support the reform of the medical system of the Alliance.

The areas of interest determined in the **Mission Statement of the Centre** (training and evaluation, education, medical lessons learned, standardization and some aspects of force protection) are filling important capability gaps and greatly **contribute** to the perfection of medical support, mainly through increasing **interoperability**.

The concept has been proved right, since the professional activities of the Centre enjoy a great interest from NATO and there is a definite need for its work.

Thanks to the support of the professional and military leadership, the Centre has been established on the **1<sup>st</sup> of November, 2008**. as an independent budgetary entity. Shortly after, based on the abovementioned **methods I have designed**, the necessary events have been concluded: the **Memorandum of Understanding Conferences** – where nations showed great interest regarding

the Centre's activities and the possible ways of joining. This interest manifested in the **Signing Ceremony** of the MOU by **five nations** (Hungary as the framework nation, the Czech Republic, Germany, the Netherlands and Romania), that created the prerequisites for the Centre to operate as an **international military organization** in the near future.

Based on the experiences so far we can say that the Centre **successfully eased into** the medical programmes, projects and workgroups of NATO and by now it is an **organic and important** part of those.

The Centre of Excellence's Programme of Work for 2010 has been compiled that involves and stresses the different **forms of professional cooperation** with different entities – let them be domestic or international, military or civilian. The list of potential partners at home includes: **HDF "Dr. Radó György" Military Health Centre, MOD State Health Centre, Military-medical Institute of Zrínyi Miklós National Defence University, other medical services and the medical faculties of universities.**

Keeping the schedule of establishment, the Centre is on its way towards the status of a **NATO accredited international military organization** which is due this fall in 2009.

*Based on the abovementioned facts and my opinion, the thesis fulfilled the set goals and provided new scientific results that are applicable in practice as well.*

### New scientific results

1. I was first to overview NATO's transformational process regarding the medical service and comparing it to the transformation of HDF's medical service: based on the conclusions, I have been able to determine that the medical service of the HDF is able to coordinate the transformation of the medical sector within NATO.
2. I was first to **recognize the need** for a NATO organization that is able to perform this task: the Centre of Excellence for Military Medicine. Based on this need and capability gap-analysis, I **designed the concept and areas of interest** and also, I



was the first to **model the process of establishment of the Centre**, including its organizational structure and the phases and timeline of establishment.

3. I was first to describe the **MOU conferences – and their aim, methodology and practical steps of their execution** – that play an essential role in the process of establishment.

### **Proposal for the practical implementation of the thesis**

1. The thesis can be used to support **historical reviews** and further analysis.
2. The methodology of the Centre of Excellence's establishment in practice can be greatly useful for other, **non-medical, international military organization, to support their establishment, accreditation and the creation of their internal structure.**
3. The thesis can be utilized as a **supplementary educational material** in various training and educational tasks.
4. The thesis **creates the basis of cooperation between the Centre and the domestic and international military and medical scientific institutes** and organizations, especially regarding the various areas of training and education.
5. The thesis can be an important **source of information and background material** for any scientific workgroup or study dealing with NATO's institutional and organizational procedures.