Doctoral School of Military Sciences
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Theses

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Transformation of the role and responsibilities of NATO medical support, and its influence on Medical Service of the Hungarian Defence Forces

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Outlining the scientific problem

I intend to demonstrate and prove that over the past decades the security environment has changed. A shift in its perception has forced radical changes we observe in implementation of the armed forces. This has led to transformation of medical suppport itself, and to changes in attitude towards medical support, considering new possibilities and organizational framework for implementation of the armed forces as well. Importance and timeliness of the subject is marked by road search, which is characterized by transformation of the medical support system within national armed forces, including the Hungarian Defence Forces. The transformation process, or occasionally the process of being transformed (if military medicine is the subject and victim, rather than the initiator and leader of the process within the framework of a military reform) is apparent at all levels of the system.

The mission and expectations set for the military medical services and professionals remained consistent and stable over time. Today, it also appears as basic requirement towards medical support to ensure reaching military objectives both at national and alliance level. This is the purpose why we exist, this is why every military maintains its own medical service. The requirement is to support the particular military unit, and its personnel, both as individuals and groups, and also the higher level of their organized form, the troops. Medically (physically, stamina-wise, mentally and spiritually) the force must be prepared for the tasks of its implementation, for the expected conditions of its implementation, and to be able to endure these conditions sustainably. To put it more clearly, force readiness must be sustained. Successful implementation of the force and its mission accomplishment must be facilitated and ensured through the system of medical support.

The purpose of national armed forces has not changed either. It remains a basic requirement to defend the country, and to conduct tasks within the system of alliance and within framework of international relations. It is the implementation of the armed forces, that has changed. Mission of the armed forces and the conditions of implementation have changed, as well as its perception and monitoring by the society. The mission of armed forces has shifted towards tasks to be carried out beyond national borders after the Cold War. These tasks had to be financed and carried out using a predetermined defence budget. In simple terms, this meant that the task of implementation were mainly determined by the

budgetary resources available, rather than the degree of risk, or the intended objectives. After World War 2, within the set world order, has this approach appeared, when resources of national economies were no longer necessary to be spent immediately on defence, whatever the cost. Peacekeeping military activity has far lower numbers of injured, sick or dead than the total war. The media, however, starts to consider it a priority task to cover news about injured, sick or fallen soldiers. The media asks questions not only about the conditions required to complete military tasks, but also about justification and necessity of national participation in the particular mission. This may discourage the public from supporting participation of the armed forces in particular tasks. With appropriate pressure applied to the government, it may decide to withdraw national troops from international tasks. Such a pressure might be caused eg. by acts of terrorism at home territory intended to change commitment of the national military engagement in international tasks. Changes in the security environment are at the background of the factors listed above. These changes were determined by the process of how the European countries went under different spheres of influence during and after World War 2, and how these countries have established their state and social structure accordingly. This state and social structure has determined to which political and military alliance system they can belong. It designated for these countries the political foundations for their economic development as well. This proved to be unsustainable in the Soviet sphere of influence and threatened with social collapse, which eventually led to the end of the bipolar world order, and to the first radical transformation of the security environment.

The political map of the world and the lines of power were rearranged after the Cold War. Transformations generated by changes in the security environment resulted in professional challenges both in regard to the military and its medical services. The threat of total war gradually decreased, and consequently, the former necessity and practice of mass management of the mass number of injured and sick soldiers, which has rendered logistics function to medical support, and determined medical support as a logistics subfunction, have diminished. At the same time, the necessity and routine of crisis management and peacekeeping operations started to rise. These type of operations dominated the tasks and capability development efforts of national armed forces, including the Hungarian Defence Forces, for almost two decades.

As Cold War ended, the traditional risk of armed attack against NATO member countries has reduced. Security challenges have put priority on crisis management,

common security and defence policy tasks. The national armed forces were and still are to manage crises, maintain peace and perform humanitarian tasks thousands of kilometers away from home borders while facing asymmetric warfare more and more. Health threats have changed accordingly, and –as their consequence- disease, injury and mortality rates in the armed forces have changed as well. The medical staff need to predict, process, assess and prioritize these effects and their consequences. Based on this process, professionally sound and clear proposals need to be brought to the attention of decision-makers. Soundness of the proposals is determined by their feasibility. The proposal should be feasible and sustainable by human resources, infrastructure and financing, and be both militarily and politically acceptable. For timely decisions, the prepared proposals are to be reported for the commander in due time, accurately and with authenticity, supported by the minimum necessary background information only, which, if necessary, can be extended by the medical specialist verbally or in writing. As a result of kinetic operations in Iraq and Afghanistan over the past decade, the Surgeon General (or the Medical Advisor on deployments) reports to the Commander directly. It is seemingly simple to identify the added value of the Medical Advisor being directly subordinated to the Commmander. The decision-making period is shorter and professionally justified proposals or reports reach the Commander, whenever his/her attention, decision or intervention is required. Timeliness is required not only to take the decision, but much more for its implementation. Quick decision is required to sustain force readiness, to prevent unwanted effects, to educate and train the personnel, and to counteract, decrease or contain consequences of the effects at a manageable level. There is, however, a question, how much the medical proposal was coordinated with other branches of the armed forces, how much it fits into the operational concept, and whether only a medical professional is able to present it to the Commander properly? I show it through different chapters of the dissertation that nations (guided by their interests, and within their opportunities and limitations) deal differently with these issues. Similarly, Nations have different approach to issues of how to ensure competency, financing of military medicine, or recruiting and retention of medical professionals.

During the first decade of the new millennium, global economic crisis started to force transformation of the military and their medical services inevitably and with less respect to professional needs.

Changes in the security environment were further strengthened by the global economic downturn. Asymmetric warfare became the new normal, and economic constraints prompted the majority of NATO members to apply budgetary constraints to the military. As a result, national armed forces and their medical services have faced new and real (not potential and theoretical) challenges that not only affected their daily routine, but had decisive and penetrating character. Size of the armed forces and its budget were reduced in most NATO countries due to the economic crisis, while costs for technical advances in medicine have rocketed starting in the seventies of the last century. Alongside changes in the military, the number, infrastructure, budget and capacity of military medical services have fallen steadily. Readiness status of the military medical services has also changed, focusing primarily on medical support tasks to deployments. Resource requirements rose steadily, while the budget available was constantly shrinking. This has created a widening gap in demand that was impossible to close. National economies have failed to provide adequate resources to meet needs of the military for technical development, maintenance and operation. Because of perception by societies of the guaranteed security (by Article 5 of the NATO Treaty), and the ever growing burden on state budget, most of the NATO countries could not even maintain the level of their defence budget. The governments were quick to realize the opportunity to cover or keep at a manageable level state budget deficit by reducing defence spendings. This process proved to be untenable, not only in terms of the military health services, which were facing serious difficulties, and had to make compromises in terms of professional competence, recruitment and retention of medical personnel, and financing, but also regarding the armed forces as a whole. The the growing number of diverse military tasks proved to be more and more difficult to support by the medical services. The challenges could not be shown to comply with any of the previous mentality, nor the previous set of tools.

The individual nations –sometimes alone, some other times watching or copying each other practices, or in collaboration- tried (and still do so) to find acceptable and affordable solutions in order to meet the expectations and cope with the rising challenges. Multinational cooperation and burden sharing became the need in order to keep security risks at a manageable level. Multinational cooperation brought real solutions to daily operational tasks through standardization, interoperability and searching for compromise. Together, in multinational collaboration it was possible to cover even such demanding and resource-intensive needs of the armed forces, as combat support hospitals. On the other

hand, among NATO's European members the pursuit for burden-sharing, and the minimal (but acceptable to other Allies) national contribution to joint operations have increasingly cemented underfinancing of the Armed Forces, thus limiting also their applicability. These nations increasingly became security consumers within NATO. At the same time, a disproportionate shift has occurred in favor (or at the expense) of the United States of America in guaranteeing protection of common interests, and developing, providing and maintaining readiness of the necessary military capabilities for NATO.

Only recently we see again NATO-wise a return to the fundamentals, that is collective protection of NATO territories based on national military capabilities, due to the crisis in Ukraine and migratory pressure. Repeated revelation of NATO core values (solidarity, independence, territorial integrity) has occured following these substantial changes in the security environment. The military capabilities, their strengthened availability and readiness necessary to protect NATO core values have political priority again. It became clear that defence spendings of NATO member states (mainly the European nations) must be increased. The increased resources allocated should be used efficiently to speed up information gathering and reconnaissance, strengthen the military response capabilities and to shorten the time required to activate and deploy them. The development of self-defence capabilities by nations and creation of conditions for hosting NATO forces at home has left the scope and tasks set out in NATO documents and became a social expectation, supported by political commitment and immediate allocation of national economic resources. The migration pressure and the Russia-Ukraine conflict is a priority security risks for European NATO nations since 2014. In my view, this was the reason to strengthen territorial defence NATO-wise through collective defense (to protect the territory of NATO member countries against any possible external, state-level aggressor), and at the level of individual nations as well (to halt illegal migration at the country's borders).

These tasks must be interpreted and implemented also by military medical services, including medical service of the Hungarian Defence Forces, in accordance with their own responsibilities and tasks. With my dissertation, I want to contribute to success of the transformation process. Through analysis of the processes taking place in different medical services, summing up their lessons, and providing my recommendations, I want to facilitate achieving military objectives, and to ensure a sustainable, high quality medical support for the deployed soldiers.

Research hypotheses

1. I assume that security challenges of the post Cold War period have framed and determined reform efforts and capability development trends of national armed forces in NATO member states and of their medical service sas well.
2. I assume that nations have aligned and implemented the military capability development tasks including military medical ones set out in NATO political guidelines and strategic concepts more with resources available, rather than with military needs.
3. I assume that transformations and their consequences seen in the security environment, the society, the armed forces and the military medical services are inter-linked.
4. I assume that tendencies of changes in the numbers of medical personnel of the military medical services are unsustainable and untolerable processes.
5. I assume that it is possible to intervene in the negative processes identified, and there are tools, not only financial ones, which are capable of reducing the tension in medical service of the Hungarian Defence Forces. I also assume that using these tools the chronic pathological processes can be cured (stopped, reversed, and prevented to re-appear in the future).

Research objectives

a. Describe security challenges of the post-Cold War period, and the responses by national armed forces, and NATO as a whole.
b. Explore correlations in changes of the security environment, the society, the armed forces and the military medical services.
c. Summarize developments in the Armed Forces Medical Services, their consequences and lessons.

d. Prove that the changes in the medical service of the Hungarian Defence Forces are untenable in their trends.

e. Assess potential points of intervention into these processes, analyse the intervention tools that have shown in other countries to be effective in practice and evaluate their applicability for the needs of the Hungarian Defence Forces.

f. Provide the concept of development for the medical service of the Hungarian Defence Forces, taking into consideration the ongoing and future mid- and long term capability development trends of the Hungarian Defence Forces.

Deduction of final conclusions and outlining recommendations for further scientific work and research.

Research methods

a) In accordance with the requirements of my doctoral school, I have prepared my research plan, established my research and individual study program, periodically upgraded this program, specified and finalized it in line with recommendations of the philosophy of science, research methodology and my research experience.

b) I examined existence and availability of the personal and material conditions necessary for my research. Accessibility of the research databases and feasibility to publish and apply my research results proved to be a crucial aspect of my research decision.

c) Collecting research data I have strated early, during my second foreign deployment mission (United Nations Mission in Cyprus, UNFICYP, from 2001 to 2002, as Force Medical Officer), and later continued to collect and analyze data deliberately.

d) I intended to explore, analyze and interpret both domestic and international literature sources, during my research activity.

e) In my professional career I always intended to explore, understand, and utilize the logic behind the events. I wanted to realize this intention also in preparation of this dissertation. I am not alone in this endeavor, and my intent. My great predecessors, teachers (who are also my idols) gained undying merits in training a team of

professionals whose instinctive internal demand is striving for excellence, facing challenges, thinking beyond the framework of established organizational systems, searching, exploring and applying comprehensive solutions. This attitude was based on trust by leaders towards the young colleagues, and on opportunities opened for them. I myself have experienced this. I was fortunate enough to serve in such a working environment since my commitment towards the Hungarian Defense Forces in 1979. As an expression of trust in me, I have received opportunity to present my knowledge and experience hundreds of times during scientific meetings, educational sessions, or reports to my superiors. These materials and experiences I have incorporated into the dissertation and completed them with new information gained during my studies, missions, training courses and workshops.

f) Domestic and foreign service experiences of mine I have systematized, published and shared with my colleagues at professional conferences.

g) In my dissertation I set for myself to achieve the research objectives using the theory of logical research methods, analysis, synthesis and comparison. I have also used mathematical methods and statistical analyses.

h) After systematizing the collected source material I summarized the results of my research, and I wrote my scientific thesis.

Presentation of the analysis chapter by chapter

Below is a brief description of each chapter with the analysis I have carried out.

In chapter titled *Interpretation of the research topic and its reasons* I explained why I have chosen this topic, demonstrated its relevance and relationship between science and the military.

In chapter titled *Protecting the interests of NATO in light of the changes in security environment* I have analysed security challenges of the post Cold War period, and the answers to them by national armed forces, and NATO as a whole.

In chapter titled *Logistical nature of NATO medical support and its historical roots* I have indicated the logistical nature of the tasks and responsibilities of military medical

services, and its background, based on experience of military operations in World War 2 and the Cold War, in light of changes in security policy.

In chapter titled *The post-Cold War period security environment and its impact on NATO operations, the Hungarian Defense Forces and its military medical service* I have demonstrated the transformation and development experienced in medical support to deployed troops amid easing political and economic crisis in the post-cold war period. I analyzed the role and opportunities of NATO in the new security, political and economic environment, and their impact on use of the military. I drew conclusions about their effects on the medical support system, looking back to the past nearly twenty years when a new approach to development activities started, of which I myself was (and intend to remain) an active participant, shoulder to shoulder with my colleagues.

In chapter titled *The expected features of NATO operations medical support today and in the future* I have considered it necessary to explored the background of current situation, in order that the changes presented in chapters titled *Doctrine and policy* and *The medical mission in support of reaching military objectives* could be evaluated based on appropriate theoretical framework and practical examples.

The chapter titled *Thoughts on the future of the medical service of the Hungarian Defence Forces* deals with the future, with the ability to respond and adapt to challenges of the ever changing environment, and especially with the ability and tools to forecast and prepare for these changes. Based on results of my research program I have outlined a policy and a program of development for the medical service of the Hungarian Defence Forces. I hope that this policy and proram is in line with the principles of military medical support system laid down by my great predecessors and idols, and helps implementing these principles in national defence tasks of the Hungarian Defense Forces, in short, medium and long-term perspectives, both in domestic and allied environment.

Summarized conclusions

Analyzing my research hypothesis I have proved that developments in medical support were affected by global challenges. Based on historical events and operations, and my own experience, I have analyzed how management of these changes and their closely related security perception have influenced the tasks and implementation of the armed forces. I

have proved that changes in the security environment and shift in its perception over the past decades forced the fundamental changes observed in implementation of the armed forces, and that this has led to transformation of medical support, and to the change of attitude in it. Quating systematized statistics I presented that mass production in World War 2 was to serve mass armies, which made logistics the prevailing approach in organization and functioning of the armed forces. Medical support and medical services have become in a natural way subfunction of logistics during World War 2, and remained a service branch subordinated to logistics thereafter. I presented in my thesis that changes in the security environment has changed the requirements towards the armed forces, and that medical support was not and could not be effective within the logistic approach to supporting the armed forces. I have demonstrated that changes in the security environment, the society, the armed forces and the medical services and their consequences are linked.

I have demonstrated that security challenges of the post-Cold War period determined reform efforts and capability development trends of the national armed forces (including in their medical services), and also of NATO. I highlighted the fact nations have aligned development of the military and military medical capabilities necessary to fulfil the tasks and meet the expectations set out in political guidelines and NATO strategic concepts with available resources, rather than the needs of their military.

It is fundamental, and I presented it accordingly that the mission and expectations given to the military medical services and military medical professionals remained consistent and stable over time. Today it appears as also as a fundamental task for the military medical services to support implementation of the troops both at national and alliance level. Therefore we are. This is why every military maintains its own medical service. I have also shown that in order to fulfil its task set out in the Constitution, the Hungarian Defense Forces requires medical support, the most important element of which is medical personnel functioning within a medical service under unified professional control.

Analyzing changes in the operating environment I showed that:

- The changes in the security environment have led to the rise of asymmetric warfare and the need for the global implementation of the armed;

- Implementation of of the armed forces can take place beyond the national borders at several thousand kilometers;

- The need and routine of mass management of injured and sick soldiers have been replaced by the need and routine for individualized healthcare on deployments;

- Personalized care has been made possible by the low number of injured and sick soldiers in peacekeeping operations;

- Low numbers of injuries and diseases are a consequence of changes in the security environment;

- The system of quality health care on deployments became increasingly widespread and ever more costly.

Regarding the factors contributing to changes, I showed that:

- Due to rising costs and shortage of specialists, the nations moved towards establishment of multinational medical support systems;

- Health care activities subordinated to logistics began to show their weaknesses on operations, and therefore logistical nature of the medical function on operations was completely de-emphasized;

- The public media puts high focus on injured, ill or fallen soldiers while on deployment.

Regarding factors that weaken transformation of the role of medical support, I showed that:

- the mission of the armed forces shifted towards tasks beyond national boundaries, often unplanned (eg. crisis management), which tasks must be completed using predetermined defence budget (ie. the budget determines what resources can be used for operations, and therefore resource allocation to operations is simply based not on operational needs);

- After World War 2, national economic resources are allocated primarily not on defense purposes.

In relation to alliance membership and international cooperation, I have shown that:

- Security can not be interpreted in relation to geographical boundaries, and maintaining large scale, traditional forces for territorial defence is not appropriate in its earlier form;

- National armed forces and their medical services had to be made capable of intervening across continents, and this can be achieved only through development and sustainment of so-called expeditionary capabilities;

- In order to coordinate and timely implement tasks of state administration, reconstruction and development necessary for stabilization of crisis zones, the principles and practice of comprehensive approach and extended partnership had to be introduced in crisis management, to which military medicine provides excellent contribution and facilitates successful engagement of other services.

In regard to access to resources, I have explained the new tasks of military medicine in the NATO defence planning process and the importance of this opportunity.

With regard to medical support to the tasks of the Hungarian Defense Forces, I have emphasized the importance of the fact that highly trained and experienced medical staff is constantly leaving the military, and I presented elements and the most important findings of the military medical career model elaborated to manage this process.

In relation to the guidelines for development of the military medical service of the Hungarian Defence Forces, I have formulated my proposal and argued for establishment of the Office of the Surgeon General within the organization of the General Staff in order to implement strategic level, professional and unified medical command and control.

Possible ways to continue reasearch

How the role and responsibilities of medical support will change in NATO, UN, European Union and coalition operations in the future, depends not on the principles set by theoretical experts, nor from credibility or logic of the arguments in my dissertation. It is the change in the security environment that will show and enforce the kind of medical support necessary (and feasible, taking into consideration the resources available) for the armed forces.

I am convinced that military medicine will regain its position within structure of the General Staff. When? I do not know. But I know what will influence this decision. Commanders must embrace this concept, and feel its necessity and timeliness in reality. It is primarily not for the military medical professionals to argue for this concept, but they

need to be ready to report logical, accurate and convincing arguments to support the commanding decision. That is why this dissertation was born.

I consider the role and opportunities of military medicine in the NATO defence planning process to be a subject ready for further research, analysis and development. Other such topics I identify in the field of regional medical cooperation (Visegrád Cooperation), and also the methodology of selection in regard of recruitment of civilian medical professionals. Such a research can ensure that medical professionals are recruited into the military not merely based on results of the aptitude tests, and their professional capabilities, but those who are worth and committed to the heritage of our predecessors, and capable of continuing our efforts to make military medical support more effective.

Presenting new scientific results

1. Through the analysis of NATO medical policy and principles, I was the first to show the search for a way that characterizes the importance, relevance and timeliness of transformation of the medical support system within the national armed forces, including the Hungarian Defense Forces as well.
2. I was the first to summerize the reasons why medical services have gained independence from logistics, its consequences and lessons, in light of the changes in the security environment.
3. I was the first to outline the link between the shortfalls of medical capabilities, medical professionals leaving the military, and the need and opportunity for multinational cooperation on one side, and the security provided by NATO collective defence, and the the reduction of defense budgets due to the economic crisis on the other side.
4. I have proved the unsustainability of tendencies observed in regard to medical professionals leaving the military, and was the first to indicate possible points of interventions into these processes. I have also presented international best practices that proved to be effective in reversing these processes and their applicability for use by the Hungarian Defense Forces.

Proposals

The definitions of basic medical terminology listed in my dissertation I propose for consideration to be included into the Lexicon of Military Science. I recommend my dissertation to the attention of specialists dealing with organizational issues in the field of the military medicine, and for students of military training institutes preparing to take command positions in the Hungarian Defence Forces.

Practical usability of my reasearch results

I consider implementation of the military medical career model by the Hungarian Defence Forces as a pivotal tool and condition for recruitment and retention of medical personnel. We should and will introduce its elements within a unified framework, step-by-step, as resources allow. Implementation of the career model and the changes we seek to achieve with it, will not be readily possible. In the meantime, we have to strengthen faith and perseverance of medical personnel, since the system can only be operated with them and by them, and the tasks of the Hungarian Defense Forces can only be ensured this way.

In the career model I have provided relevant background analysis with my colleagues about the state of our military medical service. In my dissertation, I presented the most important effects that influence military medical service. I have also outlined the way ahead and or tools for future transformation of our organization in order to better serve the needs and support more effectively and efficiently the tasks of the Hungarian Defence Forces. In this regard, I consider it logical to use my dissertation as a basis to maintain and further develop values of the military medical service eg. in the area of health promotion, health education, fitness and aptitude tests, troop level psychology, training, medical logistics, scientific research, doctrine development, and medical capability development tasks.

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Professional curriculum vitae

Zoltán Vekerdi was born on 23 October 1964 in Berettyóújfalu. He studied doctoral studies in the Soviet Union at the Kirov Military Medical Academy, St. Petersburg (former Leningrad), in 1983-1990. He received his diploma in 1990, which was naturalized by the General Faculty of Medicine of the Semmelweis Medical University the same year. In 1990 he received his first officer rank as first lieutenant.

Currently serving as Colonel, he is Head of the Defence Health Institute, Medical Centre, Hungarian Defence Forces.

He has specialized in Military and Disaster Medicine in 2003. At the NATO School in Oberammergau, Germany, he completed the NATO/PfP Joint Medical Planners Course (C-79-A) in 2001, NATO Joint Medical Planners Course (M9-79-A) in 2004, the NATO Senior Medical Staff Officer Course (M9-86) in 2005 and the NATO Senior Officer Policy Course (N5-31) in 2011. He studied in the USA. He has completed Officers Advanced Course, at the Army Medical Department Cener & School, Ft. Sam Houston, TX, USA in 1998, the Medical Strategic Leadership Course (6-250-C1) at Fort Sam Houston, TX, USA in 2004, and the Executive Healthcare Resource Management Program at the Defense Institute for Medical Operations (DIMO), Brooks City-Base, Texas, USA in 2005. He completed his post-gradual (Ph.D) doctoral studies at the Doctoral School of Military

Sciences, Faculty of Military Science and Officer Training, National Univercity of Public Service in 2010-2013.

Zoltan Vekerdi has successfuly completed 8 deployments. His mission positions ranging from Medical Officer, Multinational Force and Observers, Arab Republic of Egypt to Force Medical Officer of United Nations Forces in Cyprus, and Medical Advisor, NATO Training Mission, Iraq, and Medical Advisor, European Union Forces, Force Headquarters, Bangui, Central African Republic. He was twice deployed to Afghanista and once to Kosovo as well.

He was Chief, Medical Branch, Logistics and Resources (L&R) Division at (and later, paralelly Medical Advisor to) the NATO International Military Staff, NATO HQ, Brussels, Belgium in 2008-2012.

Colonel dr. Zoltan Vekerdi served as Acting Surgeon General of the Hungarian Defence Forces in 2015-2016.

Number of his publications is 18, out of them he is the first author in 8 publications. Five of his publications are in English language.

He speaks, understands and writes fluently in English and Russian, and speaks fairly in German.

Budapest, April , 2017

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dr. Zoltán Vekerdi

Budapest, April , 2017

Dr. László Svéd PhD