

2.^a mesa redonda (I) 2nd Round Table (I)

Retos operacionales en un estado de incertidumbre, incluyendo el apoyo sanitario a las misiones y operaciones de la UE, adecuación y lecciones aprendidas

Operational challenges in a state of uncertainty, including the military medical support to EU missions and operations, adjustment and lessons learned

Moderador / Chair: coronel Med. David Cobo Prieto. España. Spain.

Relator / Rapporteur: teniente coronel Med. Javier Daza Bertrand. España. Spain.

Conferencias / Conferences:

1. *The Choice for Unpreparedness. Comandante Med. Clarys Sam. Bélgica.*

2. *Contribution of military medical services to national strategic plan against COVID-19. The Hellenic national defense general staff experience. Coronel Vet. Christos D. Vamvakidis. Grecia.*

3. *Assistance provided by the Bundeswehr and the Bundeswehr Joint Medical Service in Germany and abroad during the coronavirus pandemic within the framework of administrative assistance. Coronel Med. Kai Kehe. Alemania.*

4. *COVID prevention measures in operations. Teniente coronel Far. Pedro Álvarez Herranz. España.*

5. *Lessons identified in CSDP Operations and Missions in the context of the COVID pandemic. Teniente coronel Med. Christiane Scheller. Bélgica. EUMS.*



Figura 12. Segunda mesa redonda.
Second Round Table.

La elección de la falta de preparación. Comandante Med. Clarys Sam. Bélgica *The Choice for Unpreparedness*

OF-2 Clarys Sam¹

The COVID-19 pandemic has often been qualified as a «Black Swan Event». Yet, it cannot be considered as unforeseen. Our hypothesis is that nations chose to be unprepared and justified their unpreparedness with a narrative of uncertainty.

Its foreseeable character is first showcased by the ample warnings of SARS and MERS. Various specialists and non-specialists heeded the warnings, stepped upon soapboxes and proclaimed to those willing to listen. Efforts were made, but overall these prophets of doom found little followers.

The experience from past centuries should also have been used as a reliable indicator that the next pandemic was near. On a global and historical scale, we cannot escape statistics. The only uncertainty in this matter was whether it would happen tomorrow or next week and which disease it would be.

The reasons for not acting may have some validity, but can one state in sincere honesty that we were caught off guard? Governments decided not to foresee required budgets, industries focused elsewhere and Ministries of Health were busy with another round of reforms.

This is not an occurrence for COVID-19 only, nor is this something where Military Medical Services have no part in. More and more militaries are looking again at (near-) peer conflicts. Did we already dare to look at the medical conclusions derived from such scenarios? Moreover, if we did, have we told our military and civil counterparts?

We are making more ill medical choices. VJTF and the missions in the Sahel consistently lack medical assets. Assets that are present within our Alliances, but not made available. When a need for Casualty Staging Units is defined in order to counter the lack of surgical assets in theatres, we develop other capabilities. Some are even losing their own capability for STRATEVAC by air. Can we really speak of operational challenges and uncertainty when they are the logical conclusion of our own choices?

On a grand scale, practically all events that can happen are known. COVID-19 has shown that total unpreparedness is a conscious choice that bears consequences. Today, 'uncertainty' cannot justify unpreparedness. As such, total uncertainty does not exist.

¹ S2-S3 (BEL) 14 Bn Med.

Contribución de los servicios sanitarios militares al plan estratégico nacional contra la COVID-19. La experiencia griega del Estado Mayor de la Defensa.

Coronel Vet. Christos D. Vamvakidis. Grecia

Contribution of military medical services to national strategic plan against COVID-19. The Hellenic National Defense General Staff experience

Chatzigeorgiou D¹, Vamvakidis C²

Greece, during the pandemic, implements the generic measures against COVID-19 under the surveillance of Civilian Authorities that hold the Hellenic National Strategic Plan. Hellenic Military Medical Services as an integral part of country's health system, assist the national response providing:

- a. Medical and non-medical personnel, Military hospital infrastructure and equipment (including Field Mobile Hospitals), assistance to the creation of medical stockpiles.
- b. Support to the ongoing huge and promising mass vaccination program, including the logistic management of vaccines and staffing of high capacity vaccination centers.
- c. Assistance to the implementation of the epidemiological surveillance program via operation of sampling/testing stations throughout the country.
- d. Senior leader engagement across the established government Committees (Infection Control Committee).

In parallel, the Hellenic Military Medical Services still carry out their generic mission comprising qualitative and quantitative maintenance of training and operational capability of Hellenic Armed Forces, by:

- a. Ensuring Force health protection through integration of medical protocols and preventive measures against SARS-COV-2, to all current regularly implemented schemes of prevention.

- b. Eliminating the impact of patients' overload to the military healthcare system.

Major key challenge throughout the above project remains the effective management of interdependence and cooperation of main stakeholders, civil and military, who are characterized from different structure and function. Effective merging of all capabilities consist the primary prerequisite for the successful accomplishment of the aforementioned assigned multitask.

Most important key lessons and specific considerations derived from the Military involvement to the national response against the pandemic, are:

- a. The vulnerability of our society/world to a biological threat.
- b. Need of early attuned and generally compliable guidelines within NATO and EU in order to avoid procedures' duplication, through early communication and dissemination of information and experience among the involved authorities.
- c. The value of effective cooperation between all stakeholders (medicine, science, industry, Military/Civilian sector).
- d. Need for telehealth development and interoperability.
- e. Need to adapt with the science uncertainty in contrast with absolute military certainty.

Exploitation of lessons-learned will ensure the perspective of required preparedness and resilience against pandemic and fill in potential gaps regarding the decision-making process and capabilities.

¹ Greece-Major General (Med. AF), Hellenic National Defense General Staff/Medical Directorate/The Surgeon General.

Asistencia proporcionada por las Fuerzas Armadas y el Servicio Sanitario Conjunto de las Fuerzas Armadas en Alemania y en el extranjero durante la pandemia del coronavirus en el marco de la asistencia administrativa.

Coronel Med. Kai Kehe. Alemania

Assistance provided by the Bundeswehr and the Bundeswehr Joint Medical Service in Germany and abroad during the coronavirus pandemic within the framework of administrative assistance

Kehe K¹

Roughly 8,000 requests for assistance by German federal, regional and local authorities since March 2020 clearly reveal how urgently needed the support by the Bundeswehr has been and will continue to be in the coronavirus pandemic situation.

Twenty-five percent of these requests, to date more than 1,800, had a medical focus and exclusively addressed the Bundeswehr Joint Medical Service (BwJMedS). The variety of medical assistance required is wide. It ranges from emergency MEDEVAC to

the provision of medical care in retirement and nursing homes; to the provision of medical infrastructure and major items of medical equipment (oxygen production, X-ray containers (CT), mobile disinfection units, respirators, hospital beds); to rapid testing and swab taking; to emergency assistance in civilian hospitals, assistance in the organisation of public health offices and in the tracing of contacts, to assistance in the civilian vaccination campaign—which is our current focus.

¹ Bundeswehr Medical Service Headquarters VI, Koblenz.

Medidas preventivas COVID en operaciones.

Teniente coronel Far. Pedro Álvarez Herranz. España

COVID prevention measures in operations

Álvarez P¹

The emergence of SARS-CoV 2 in China at the end of 2019 marks the beginning of one of the largest crises in the world since Second World War. Its effects cover economic, social and of course, health aspects.

Similarly, SARS-CoV-2 has had an impact on military operations. It is worth highlighting the use of military means as one of the elements supporting civilian authorities in the crisis situation. However, it is equally important to analyse the impact on operations of the sudden appearance of a highly transmissible and pathogenic viruses, which has affected the preparation, deployment, and missions of military units.

In order to mitigate this new health risk, it was necessary to establish a specific force health protection plan, which implementation required a specific design for each operation in accordance with the different planning factors identified: epidemiological situation; travel restrictions; health capabilities in OA; nature of the mission to be executed.

After analysing these factors, a series of preventive measures were defined and applied throughout, which have been applied throughout the months of the pandemic. These included the need for the establishment of quarantines stand out, in association with diagnostic tests to rule out the presence of disease, both pre-deployment and post-deployment.

Likewise, the responsibilities assigned to the organic authorities during the preparation phase of the contingents, as well as to the Operations Command and Force Commanders during the deployment and implementation phase, materialised with the development of contingency plans in the detachments, made it possible to control outbreaks in the detachments.

The availability of vaccines since January 2021 has been undoubtedly a turning point within the force's health protection measures against SARS-CoV-2, allowing the progressive relaxation of the rest of the measures, primarily pre-deployment and post-deployment quarantines.

In order to evaluate the measures implemented, there is another fact to be highlighted: the evolution of strategic air-evacuations carried out related to the COVID-19. A total of 50 air-evacuations were carried out during 2020, and only one case of COVID-19 was exported at the beginning of the pandemic that did not participate in the operation as the patient was immediately repatriated to Spain.

The incidence rate of COVID-19 in operations, according to the data evaluated, is 4 %.

It can be concluded that the measures implemented have made it possible to control both the occurrence of outbreaks and the impact on operations.

¹ LTC (OF-4) PHA Analyst at Spanish Joint Defence Staff – Joint Medical Directorate.

Lecciones identificadas en operaciones y misiones PCSD en el contexto de la pandemia COVID-19.

Teniente coronel Med. Christiane Scheller. Bélgica. EUMS

Lessons identified in CSDP Operations and Missions in the context of the COVID-19 pandemic

LtCol. Christiane Scheller – Med. – Medical Adviser EUMS

The lessons process on COVID-19 and EU Common Security and Defense Policy (CSDP) contributed to improving the capability of our Missions and Operations to rapidly adapt to evolving circumstances and to deliver, on the ground, during the pandemic.

This process has captured most of the issues that have surfaced during this pandemic, and that the most important ones were mitigated.

However, it is now important to keep the momentum to stand ready for future similar situations.

It is essential to implement identified and needed change, in relation to the overall functioning of CSDP structures, Missions, and Operations.

The initial report was delivered in September 2020, followed by an Implementation plan (December 2020) and a 1st Progress Report (in July this 2021).

Out of the actions listed in the Implementation plan, some have been closed as some work is ongoing.

It's now important to closely monitor the open actions and move forward.

The next progress report will give us better outreach on those actions needed.