A Medical Tool as a key for NATO to develop Civil Military interaction.

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Abstract

Bringing civilian and military closer is not easy due to difficulties in compatibility of the protection reflex from the first and partiality from the second. However the complexity of the current crisis doesn't allow a unique solving actor anymore. Only the involvement of all the stakeholders of security, governance and development is potentially a solution. Comprehensive Approach is therefore the option recommended by all the international organizations, and in particular NATO. For that, it is essential to establish a climate of trust through concrete exchanges and civil-military networking. Many obstacles still remain but one of the domains where this interaction is the most obvious is the health domain where humanity is a common issue. This is the reason why NATO has decided to launch the project of developing a medical civil-military collaboration tool on the field. This is an important step towards NATO crisis Comprehensive Approach achievement.

Keywords: Civil-military interaction. Comprehensive Approach. Medical. NATO.

Résumé

UN OUTIL MÉDICAL COMME CLÉ DU DÉVELOPPEMENT DE L'INTERACTION CIVILO-MILITAIRE À L'OTAN.

Le rapprochement entre civils et militaires n'est pas facile car des réflexes de protection de la part des premiers et une certaine partialité de la part des seconds sont souvent peu compatibles. Cependant, la complexité des crises actuelles ne permet plus la résolution des conflits par un acteur unique. Ce n'est que grâce à l'implication de tous les acteurs de la sécurité, de la gouvernance et du développement que des solutions peuvent être envisagées. L'approche globale des crises est donc à présent l'élément central préconisé par toutes les organisations internationales, et en particulier l'OTAN. Pour cela, il est indispensable d'établir un climat de confiance à travers des échanges concrets et un réseau civilo-militaire. De nombreux obstacles persistent encore mais l'un des domaines, ou cette interaction est la plus évidente, est le domaine santé car l'humain a toujours été au cœur des préoccupations de tous. C'est la raison pour laquelle, l'OTAN a décidé de se lancer dans le développement d'un outil opérationnel de collaboration civilo-militaire médical qui sera une étape importante vers l'approche globale des crises.

Mots-clés : Approche globale. Interaction civilo-militaire. Médical. OTAN.

Introduction.

During the last Haiti earthquake, the collaborative interaction between civilian medical teams and the military in responding to the initial casualties has been a real success as stated by physicians from Columbia University Medical Centre (1) "this experience could serve to inform policies and procedures for future disasters"; "Working together, we achieved order out of chaos". They added "The support of the U.S. military was unequivocally integral to the success of the medical mission". Civilian agree more and more in the fact that the military have a role to play in humanitarian assistance and also in reconstruction and development. The approach has changed since the end of the cold war due to the increased engagement of military in intra-state conflicts. Over the same time period the health agenda has gained increasing prominence through organizations such as the United Nations (UN) and it is now regarded as a key component of future development (2). Once committed to operations in these situations the military have some healthcare responsibilities for affected populations under international law. Moreover there may be substantial benefit in going beyond basic obligations in order to improve stability. It is not, however, a matter of the military resolving the problem; they do not have the capacity, nor are their ends necessarily the same as other

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actors such as the government of the involved nation, International organisations (IO), Other Government Departments (OGD) and Non-governmental Organisations (NGO). In reality no military or civilian organization can meet all the demands all the time and this necessitates a requirement to work in the same space and therefore the need to communicate. The dialogue between civilian and military has not yet fully been opened due to persistent fences coming from the past. Some changes are needed from both sides in spite of these difficulties. Indeed, civilian accept the idea that there is an interest for military being present in the humanitarian space for security and capabilities reasons; and the military, particularly in NATO (3), realise that comprehensive approach is a key to success in solving modern crisis. For this reason, both civilian and military now need to find overlaps of interest in order to efficiently increase their collaboration. The Health domain is a good issue to start with due to its commonality of interest in humanity by nature. Thus by the development of a medically focused operational tool NATO is initiating a very important first step. This article is going to address classical issues that civil-military interaction arises usually, and then the evolution in their relationships to at last present the efforts of NATO to open the dialogue with notably an innovative medical tool.

Main issues.

For civilian organizations, the legitimacy of the military being involved in humanitarian assistance is sometimes not clear. In Afghanistan, the mantra of most civilians' agencies remains the same: *"the military should not be providing humanitarian aid, specifically in the humanitarian space"* (4). This is both a geographical and psychological space in which the operating principles of neutrality and impartiality are essential and a clear distinction is made with the military.

The explanation is that initially humanitarian and military communities did not even have the same understanding of what constituted humanitarian intervention. SEYBOLT describes this military humanitarian approach as *"not humanitarian in character but it can be humanitarian in nature"*(5). Tensions between both approaches, humanitarian and military, were obvious with both sides criticizing each others' effectiveness. Humanitarian organizations, while respecting the security and logistics capability of the military, heavily criticized their competence in the areas of technical appropriateness, inflexible approach and high cost. The military view of the diversity and seemingly unplanned civilian humanitarian efforts is perhaps best summarized by the rather unhelpfully titled article, *"Herding Cats, Overcoming obstacles in Civil-Military operations"* (6).

At the heart of this difficulty was something much more fundamental than operational differences: the problematic relationship between consent, the use of force and impartiality. Many humanitarians believed that their principles of neutrality, impartiality and independence were inviolate. Whilst both sides understood the concept of neutrality the same was not true of the interconnected principles of impartiality and independence. The military were impartial with respect to the mandate and may be partial in their actions against one party or the other in order to resolve the situation. It is important to notice that the military medical community, according to the Geneva Conventions, is not allowed to discriminate against patients; therefore there is impartiality in provision of care. Moreover, Médecins sans Frontières (MSF) saw military action in humanitarian area as a direct challenge to their impartiality and repeatedly denounced the coalition's attempt in Afghanistan to deliver humanitarian aid that was conditional on the supply of information about the Taliban and Al Qaeda in order to further their political aims. Once more, the Military Medical Community has an important difference: medical ethics; and for that reason, it definitively cannot be used as official medical support to provide any kind of intelligence.

Humanitarian organizations applied the term in respect of the absolute humanitarian needs of those they sought to assist and deliver relief to those in greatest need regardless of their political allegiance. Impartiality is therefore highly subjective. For instance, the fact that human rights were a core value of many humanitarian organizations involved in the Pakistan Earthquake response (2005) caused a negative impact on the NGOs neutrality as perceived by many Pakistanis, who considered the issue of human rights as a tool to promote western political and cultural agendas (7).

The independence of humanitarian organizations can also be a problem for the military that are focused on the end state of a mission and cannot understand why those entirely involved do not necessary have the same approach or end state in mind. The military rather have a collective approach and humanitarian rather an individual approach in relieving suffering. In this condition it is possible to conclude they are complementary. Moreover, the border between both approaches is not clear and it is not time anymore to discuss when there is humanitarian emergency. In this case, *"the requirement remain effectiveness"* (8) and the aim is to attempt populations to supply or treat them without forcing watching whose capabilities are used to do so. Very often military are the only ones able to provide reactive relief response. This does not necessarily mean that the military must be able to immediately deliver the perfect required capabilities, especially in healthcare. For instance, NATO has no requirement to develop capabilities strictly for civilian purposes (9). However, NATO shall be capable of ensuring that relief and healthcare are providing when awaiting civilian response and later in conjunction with other agencies. Nowadays the obstacles have to be surpassed to answer to the indefensible media pressure linked to citizens increasingly unwilling to accept casualties for an extended period of time.

Change in civil/military relations.

The situation particularly in Afghanistan has brought the issue into the public arena. In a speech in 2001 Colin POWELL referred to NGOs as a "force multiplier" and an "important part of our combat team" and then in 2004

Andrew NATSIOS, head of the US Agency for International Development (USAID), said "in both Iraq and Afghanistan, USAID has stood on the front lines of the most important battles in the new war". There are signs that the international community is beginning to recognize this. At the last NATO Medical Conference (10) a senior representative of the WHO addressing the audience stated, "There is no monopoly in humanity for humanitarian agencies" and, "WHO has adapted a pragmatic approach in interacting with the military by respecting the humanitarian principles". This change is the product of experiences in missions and operations. Indeed, in the framework of military operations, the spectrum of relations between forces and civilian authorities, population, organizations and agencies is complex due to the fact that peace, security, development and stability are more interconnected than ever. One of the essential features of the new type of crisis is that elements previously considered in isolation are now seen as interlinked. These crises occur in fragile states outside the national territories of Alliance members creating complex emergencies with a need for a comprehensive approach to resolve them. This comprehensive approach is a main line currently in development process in NATO in order to figure out better environmental challenges and to be able to create links with all involved stakeholders. It has to be considered as a win/win process between military and civilian because if nowadays military capabilities cannot alone resolve crisis, they are essential to help civilian to manage every important crisis. These complex situations are often characterized by violence and loss of lives, displacement of people and widespread damages to societies, economies and infrastructures. The definition of security is therefore extended and now embraces seven categories: economic, food, health, environmental, personal, community and political. Resolution of security matters now demanded that health issues, amongst others, be addressed. The US DOD rises besides status of medical care in war zone (11). The Pentagon now wants planners and commanders to give medical support missions as much consideration as combat operations during the planning and execution of stability operations. Cmdr William HUGHES said, "it hasn't just been combat casualty care…it reflects health's unique ability to be a beneficial and/or impartial player in the field" and "the new policy recognizes what we been learning with our medical missions". Now, lessons learned have shown that medical support in such "complex emergency" is improved by coordination and cooperation of all actors involved. The main objective on both sides, military and civilian, is to provide care at best medical practice. Thus, the civil-military interface will cover treatment and evacuation of both military and civilian patients within the continuum of care in humanitarian operational theatre; it may also include involvement in longer term development of the healthcare system. Humanitarian military medical support occurs in different contexts but always refer to the same principles. The delivery is based on the invitation or at least the permission of indigenous authorities. Thus, if medical support to the military force remains paramount, military medical personal should be prepared to provide emergency care to host nation civilian casualties where this is urgently needed. On the other side, the military can be involved in medical reconstruction and development of the host nation. When engaged in such actions, the NATO directive is to provide only planned activities in accordance to the needs of the population and as directed by the host nation government. This planned medical engagement called Medical Outreach has to be promoted and evaluated periodically using appropriate measures of effectiveness. These planned medical activities cannot be applied properly without a decent dialogue between military and civilian actors.

Civil-military dialog.

To respond to this new approach of civil-military relationships, Alliance's heads of states and government agreed on the development of "pragmatic proposals to improve coherent application of NATO's own crisis management instruments, as well as practical cooperation at all levels with partners, the UN and other relevant international organizations, Non-Governmental Organizations and local actors in the planning and conduct of ongoing and future operations". In order to develop a dialogue able to improve civil-military collaboration four main objectives should be developed: promoting awareness of all players, fostering de-confliction between actors, bringing willing selected actors together to cooperate on managing potential or current crisis through common analysis, shared interests and objectives, achieving coherence on a case by case basis. Without these principles many potential secondary effects and negative consequences can arise if the military is involved in providing ongoing humanitarian assistance with impact on the local population, host nation institutions and civilian aid agencies. Particularly the impact on the safety, security and perceived neutrality of civilian aid workers and the delaying effect of direct aid provision on long term development of indigenous, self-sufficient medical infrastructure are major concerns. NATO needs to communicate to civilian organizations that the military consider the limitations in acting in the humanitarian space. On the other hand the civilian need to accept a share of data in order to give to the military the opportunity to avoid redundancy and to answer properly to local authorities' requests. On both sides it is a lack of understanding of different spaces that explains the often poor vision of what effects action in each of these areas have and how that action will be perceived. It is the reason why NATO is establishing some structures, frameworks and relationships with civilian organizations. However, there was until now, no visible medical comprehensive approach mechanisms in place among civilian and military organizations as stated in "Medical Civil Military Interaction" Report from the Joint Analysis Lessons Learned Centre (JALLC) (12). Following this statement, the International Military Staff in accordance with the International Staff (civilian side of NATO HQ) decided to integrate this issue to the medical task force created to find solutions to medical gaps. Nations are involved in these thoughts through the Committee of the Chiefs of Military Medical Services

in NATO (COMEDS) and the Public Health Food and Water working group (PHFWG). Allied Command transformation (ACT), as the NATO's think tank and innovative capabilities developer, has taken the lead in this new approach. ACT/Medical Branch launched in January 2010 an initial study in order to provide a vehicle for management and sharing Civil and/or Military Medical information. The aim of such medical portal is to develop a Civil-Military collaboration interface on the field to improve operational effectiveness. The result is that through survey responses, interviews and other researches, there is a high interest from both civilian and governmental audiences in the development of a medically focused operational tool (13). The medical community of interest, both civilian and military, recognizes the need to increase communication and collaboration between partners especially during emergencies and natural disasters. Moreover respondents indicated agreement to the statement that "medical responses to crises are often hindered by a lack of information sharing". The dialogue is in progress while increased liaison arrangements, better information sharing and offers of security training seem to be welcomed by the civilian side. However NATO has still to convince civilian its intention is not to dominate civilian-military operations not to be seen as a grave threat to the "humanitarian space". Even if a dialogue exists now, the relationship is still far from a joint planning, a common implementation and evaluation that effective comprehensive approach calls for. The medical area is one of the domains which could find an easier way to collaborate in regards that a common language exists and that the objective is for both ensuring the continuum of care without any discrimination. Civilian accept better the military involvement in humanitarian medical assistance due to the Geneva Conventions which ensure that military cannot stay passive if humanitarian distress is not adequately addressed by civilian agencies. Thus, there is a real need for military medical involvement from lasting conflict if no other capabilities are present, if the security situation prevents civilian organizations from operating, or if building up the indigenous capability is essential to operational success. At last, civilian and military instruments should be employed in a concerted and coordinated manner without any unbalance between both sides' interests. This is a great challenge to implement an effective comprehensive approach, even in the medical domain, involving the major international actors of peace building.

Conclusion.

The civil society is more and more involved in resolution of more and more complex crisis. The stakeholders' multiplication is both an opportunity and a difficulty: a chance because of more capabilities available offering a great opportunity to mitigate the shortfalls to face on states' failures or natural disasters; and a difficulty because of a lack of coordination creating an ineffective organization and a harmful competition. The UN seems to be the more appropriate organization for this coordination but it proves every day the difficulties to find a consensus between all interests. However, the "health cluster" seems to be one of the UN successes in information sharing between civilian actors. This is the reason why the medical domain seems to be one of the easiest to find a path for civil-military collaboration. To develop the NATO Comprehensive Approach, medical is therefore a main asset creating reliable links through all stakeholders as proved in ACT Medical Branch's study. A change in civil-military relationships is in progress by a real willingness of dialogue and a realistic assessment of complex situations. However merging both is not the objective, it is essential to respect specificities and to find the right position for each stakeholder. Disasters relief operations are definitively the easiest context to establish a strong and permanent relationship between civilian and military due to the fact there are lower stakes. Based on these experiences like the earthquake in Haiti it should be possible to convince civilian to establish partnerships for peace building operations. For that, developing a climate of trust through close exchanges and networking is now a priority (14).

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