

**COMMITTEE OF THE CHIEFS OF
MILITARY MEDICAL SERVICES IN NATO
(COMEDS)**



**COMITE DES CHEFS
DES SERVICES DE SANTE MILITAIRES
AU SEIN DE L'OTAN
(COMEDS)**

**Press Information
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Summary

The Committee of the Chiefs of Military Medical Services in NATO is composed of the senior military medical authorities of member countries and of Major NATO Commands. It acts as the central point for the development and co-ordination of military medical policy matters and for providing medical advice to the NATO Military Committee.

BELGIUM provides the Chairman and Secretary of COMEDS.

The objectives of the COMEDS include improving and expanding arrangements between member countries for co-ordination, standardisation and interoperability in the medical field as well as improving the exchange of information relating to organisational, operational and procedural aspects of military medical services in NATO and Partners countries.

The work of COMEDS is co-ordinated with other NATO bodies having related responsibilities in the medical fields, including the NATO Agency for Standardisation (NSA) and the Joint medical Committee (JMC).

To assist in carrying out its tasks, COMEDS has several subordinated working groups, each of which meets at least annually:

WORKING GROUPS SUBORDINATED TO COMEDS GROUPES DE TRAVAIL SUBORDONNÉS AU COMEDS		
<i>Abréviation</i>	<i>English denomination</i>	<i>Dénomination française</i>
DS	Dental Services	Soins Dentaires
EM	Emergency Medicine	Médecine d'urgence
FHTVS	Food Hygiene Technology and Veterinary Services	Hygiène alimentaire, technologie alimentaire et médecine vétérinaire
MMMP	Medical Material and Military Pharmacy	Pharmacie et matériel médical à usage militaire
MMSOP	Military Medical Structures, Operations and Procedures	Structures, opérations et procédures des services de santé militaires
MPM	Military Preventive Medicine	Médecine militaire préventive
MT	Medical Training	Formation médicale
MP	Military Psychiatry	Psychiatrie militaire
MIMS	Medical Information Management Systems	Système de gestion de l'information médicale
SGPME	Standing Group of Partners Medical Experts	Groupe permanent des experts médicaux des pays partenaires
AHSG WMD	Ad Hoc Steering Group for WMD matters	Groupe de pilotage ad hoc pour les questions AMD

History

In 1968, the Ministers of the European member states of NATO felt the need to develop more informal co-ordination and founded the EUROGROUP.

The EUROGROUP ministers were advised in their tasks by different groups of experts (Logistic, Training, Co-ordination of weapons procurements...). In 1970, the Chiefs of the Medical Services of the European Members Countries of NATO founded EUROMED. Very quickly, the UNITED STATES, CANADA and FRANCE, as well as the medical representatives of the Major NATO Commands joined EUROMED, as observers.

In December 1992, all activities of the EUROGROUP were transferred to the Western European Union (WEU) excepted EUROMED who joined the NATO structure.

The NATO Military Committee approved on 22 October 1993 with document MC 335 the establishment of COMEDS. On 6 December 1993, the NATO Council noted this establishment.

COMEDS Structure

The Committee of the Chiefs of the Military Medical Services in NATO (COMEDS) is composed of the highest military medical authorities of the members nations and NATO Command structures:

1. The chiefs of the military medical services (Surgeon Generals) of the nations represented in the Military Committee.
2. The medical advisors of the Strategic NATO Commands (ACO and ACT)
3. The IMS Medical Staff Officer
4. A representative of the NATO Standardisation Agency, as observer.
5. The Chairman of the Joint Medical Committee (JMC) as observer.
6. The Research and Technology Agency (RTA) as observer
7. The European Union Medical Staff Officer, as observer (to be confirmed).

Since last year, the chiefs of the military medical services of the Partners nations also attend the Plenary Meeting.

BELGIUM permanently provides the Chairman, the Staff Officer and the Secretary. The COMEDS staff officer act as liaison officer to the IMS.

COMEDS has no specific NATO funding. All costs related to the Chairmanship (administration, representation, staff) are covered by BELGIUM.

For the execution of its tasks (Annex 1: Term of Reference), COMEDS is supported by subordinated working groups (Annex 2). Each Group meets at least once per year.

A specific co-ordination group, the COMEDS Executive Staff Co-ordination Group or CESCOG, composed of the COMEDS desk (Chairman, Staff Officer and Secretary), the medical advisors of both Strategic Commands, the IMS Medical Staff Officer and, on ad hoc basis, of representatives of the Chiefs of the medical services was set up

to enhance the responsiveness and proactivity of the military medical community in between Plenary meetings.

Due to its structural flexibility, this core group can meet at short notice and foster prompt medical co-ordination. It will not replace the official planning and decision sequence but focuses on the initial coherence of the multinational medical community's responsiveness in times of crises.

Coordination of military medical matters within NATO

The fact that the Medical Advisors of both SCs and the IMS participate as full members in the COMEDS Plenaries as well as in the CESCOG, guarantees the best circumstances for coherent consensus building and decision making at the policy making, doctrinal and conceptual levels.

Furthermore COMEDS receives liaison reports from both the NATO Standardisation Agency (NSA) and the Joint Medical Committee (JMC). The participation of observers from the European Union Medical staffs and from the NATO Research and Technology Organisation Human Factors and Medicine Panel guarantees a cross flux of information.

The Chairman COMEDS reports to the Military Committee and provides a liaison report to the Senior NATO Logistics Conference (SNLC).

NATO structures, resulting from the historical growth of the Alliance, are complex. Medical Standardisation is also, performed by three work groups of the NATO Standardisation Agency. COMEDS has also tasking authority on these working groups.

The COMEDS Chair, mandated by the Plenary, started a review of the current structure of the military medical working groups, in close co-ordination with the NATO authorities. The aim of the revision is to define a structurally simplified general organisation to guarantee an optimal co-ordination and avoid dispersion of responsibilities.

Relations to Logistics

In the current NATO structure the medical function is not a totally independent entity as it is part of the NATO definition of Logistics.

Although the need for broader co-ordination within logistics is obvious, the importance to take into account the highly specific medical aspects for modern military management is increasingly recognised.

Decision making at all levels of Command should rely on sound medical advice to face the health challenges our troops are confronted with. This is the reason why COMEDS reports directly to the Military Committee. It symbolises the direct access of the Medical Advisor to the Commander at all times and at all levels. The reason for this crucial principal is the sensitivity of the very specific human resources related activities the medical community is responsible for.

COMEDS has advocated the structural place of the medical function within the NATO Command structure, at the occasion of the revision of those structures.

COMEDS and multinationality

The scarceness of military medical personnel has now become the driving factor for ad hoc multinational integration of medical support structures. NATO documents MC 326/1 "NATO Medical Support Principles and Policies" and Allied Joint Publication Nr 4.10 "Allied Joint Medical Support Doctrine", form the cornerstones, accepted by the NATO nations.

The ongoing operations in former Yugoslavia and Afghanistan (SFOR, KFOR, and ISAF) validated this multinational approach.

COMEDS : the way ahead

Facing shrinking defence budgets, many NATO nations tend to progressively transfer manpower from Combat service support functions, including medical, to Combat and Combat Support functions. As a result, Nations tend increasingly to rely on reserve forces to perform medical support.

Crisis response Operations casualty rates are low. Diseases or traffic and sports accidents form the bulk of to-days operational medical workload.

As a result, peacetime standards of timely evacuation and adequate treatment of the individual casualty are the threshold. They now govern the number and locations of medical installations deployed and the evacuation means needed.

The scarce, highly qualified and difficult to recruit medical personnel is facing more and more frequent operational tours of duty, interfering with their normal high workload in peacetime hospitals. In most cases they must experience the frustrating situation of technical underemployment during their deployment tours.

On the other hand, we observe an increasing need for medical preventive actions, before, during and after deployment and the growing sensitivities of the public opinion for the long-term health hazards.

Multinationality offers improved cost-efficiency in medical support, but should not become the national excuse to further erode scarce national medical capabilities into real operational showstoppers.

Main new challenges the military medical community and COMEDS are be confronted with are:

1. Adapt to new operational strategies, which create a fundamentally changed support environment.
2. Harmonise preventive medicine issues from a multinational perspective (vaccinations, medical counter-measures...)
3. Cover medico-legal issues within a multinational care environment
4. Erosion of national medical surge capabilities
5. Threat of Weapons of Mass Destruction and the enhanced need for closer co-operation with the civilian health care organisation to meet the medical consequences of that challenge.
6. Take benefit from the technological evolution (e.g. Telemedicine and teleconsulting)
7. New medical requirements generated by new generations of armaments (e.g. Non-lethal weapons).
