

these situations must be addressed within the broader civil-military dialogue.

Let's not forget the evolution to the use of non-lethal weapons. We look at laser-blinding, high energy-beam shocking, foam-immobilising, psycho-vapours, or rash-provoking means. All of these will not be lethal, but surely will have some strong "incapacitating" medical effect. This means that medical-specialised surveillance and care for the users and for those incapacitated will be needed. If this trend continues, we might need the ophthalmologists, psychiatrists, dermatologists, and others back. These are the specialists we are dismissing today in trying to further downscale our military medical services.

In the longer run, we will need to move towards common capabilities in Europe. The greater size medical support such as Role-3 field hospitals and strategic aero-medical evacuation) certainly are up for potential pooling of efforts; especially if we want these facilities to be able to function in CBRN environments. The ability to medically support troops in a CBRN operational environment is key to the overall credibility of WMD defence. The medical function

should dispose of the staffing and means to handle this kind of challenge. Too often, concepts and plans dismiss CBRN as a prevention, warning, and decontamination problem. Whilst this may be true for the CRN aspect, bio-defence will not be credible without capable medical support.

All this enhances the need for sound medical staffing and the profile of medical advisors within our organizations. Unfortunately, there currently is no consensus amongst nations about where to fit adequately the medical function within multi-national staff structures, and at which level it should be allowed to sit at decision-makers' tables. Time will show if our political and military masters had the vision to give us the means and flexibility we need to confront the new challenges with the appropriate medical responses the public expects from us.

I see a lot of question marks and the need to answer them together, sooner rather than later. Within its Terms of Reference, COMEDS is certainly trying to push these matters to the highest decision-making levels, I hope these ideas will spark lively discussions, which should make this Conference a success.

## Plenary Sessions

### NATO Joint Medical Committee Mission and Functions

*Arild Kowdal, MD*

Chairman Joint Medical Committee, Civil Emergency Planning Directorate, NATO HQ, Brussels, Belgium

The presentation covers the establishment of the Joint Medical Committee in 1991 and parts of the Terms of Reference (TOR). An overview of the tasks is presented. The Committee's place in the Civil Emergency Planning (CEP) in NATO is outlined together with the CEP roles. The other Planning Boards and Committees and the cooperation with them is mentioned. Field of activities and responsibilities is described as well as organization and procedures. Activities are described in more detail, for example the work programme and the CEP Action plan regarding activities in the field of weapons of mass destruction and the protection of population against attacks with chemical, biological, and radio-nuclear agents.

**Keywords:** civil engineering; field activities; planning; protection; WMD

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### Civil-Military Cooperation in an Asymmetric Security Environment

*Stephen C. Orosz*

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The terrorist attacks of 11 September 2001 and the subsequent anthrax incidents clearly demonstrated the asymmetric nature of the current security environment. In response, the NATO has initiated a series of measures to

cope with the threat of terrorism, a number of which are in cooperation with Partners. Among these are various initiatives that address the Consequence Management aspects of an attack against civilian populations with chemical, biological, or radiological agents. These include an inventory of national CBR response capabilities, a Civil Emergency Planning Action plan (endorsed by Heads of State and Governments in Prague) and a multi-faceted Military Concept of Operations for Defence against terrorism. These and other initiatives not only call for more extensive civil-military cooperation, but in certain cases, a transformation of that cooperation.

**Keywords:** 11 September 2001; anthrax; civil-military cooperation; consequence management; defense; NATO; plan; security; terrorism

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### Medical Organization in NATO

*Col. Silvio Porcu IT AF*

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The author gives a broad overview of the key operating principles, the basic organisation, and the medical bodies in North Atlantic Treaty Organisation (NATO). The process of adaptation of the Alliance during its >50 years of life, and the NATO response to the most recent and ongoing challenges are highlighted. The medical structures within NATO Headquarters and the constellation of the medical groups belonging to the civil and military organisation of NATO are presented focusing on their new missions and emerging functions.

**Keywords:** adaptation; civilian; function; military; mission; NATO; organization; principles, operating

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