

CONCEPT FOR BALKAN MEDICAL TASK FORCE

DEVELOPED BY



ASSESSMENT GROUP

BALKAN MEDICAL TASK FORCE

ALBANIA BOSNIA-HERZEGOVINA MACEDONIA MONTENEGRO SERBIA and SLOVENIA

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Annexes

- A. Balkan Medical Task Force organization table
- B. Timeline of establishment
- C. Standing Organization structure

References

- A. Allied Joint Medical Support Doctrine - AJP-4.10 (A), 03 March 2006 / Allied Joint Medical Support Doctrine – AJP-4.10 (B), 2013
- B. STANAG 2560, Medical Evaluation Manual - AMedP-27, 22 October 2010
- C. NATO Combat Readiness Evaluation Program – CREVAL 2012.
- D. The minutes from the SEEC conferences, Belgrade 2010, Tirana 2011 and Skopje 2012
- E. Final Minutes of 36th COMEDS Plenary Autumn 2011, dated 10 JAN 12
- F. Mandate for the Assessment Group (AG) Balkan Joint Military Medical Task Force

Definitions:

In this Concept the following definitions will apply:

1. Participants: Albania, Bosnia and Herzegovina, Macedonia, Montenegro, Serbia and Slovenia as nations that provide infrastructure, personnel, equipment, material and/or financial contributions as defined herein and in follow-on documents.
2. Framework Nation (FN): a Participant that provides the core infrastructure, personnel and equipment necessary for ROLE 2 capability, in addition to its obligation as a Participant, as defined herein and in its follow-on documents.
3. Sponsor: any nation, organization or entity that provides financial and/or other support to the BMTF as defined in an appropriate arrangement.

Background

At a meeting in Brussels October 2010, initiated by USA, it was discussed how to enhance Balkan regional military medical activity. The outcome was that USA and Norway would establish an assessment group together with Serbia and Macedonia with the aim to assess and develop a concept, and identify medical operational regional capabilities for a Balkan Medical Task Force (BMTF).

At the South East Europe Military Medical conference in Belgrade in April 2011, co-chaired by Norway, Serbia and United States of America, all West-Balkan countries supported the idea for the establishment of a medical task force. As a result Albania, Bosnia and Herzegovina, Macedonia, Montenegro Serbia and Slovenia, (hereafter referred to as the West-Balkan countries) have signed the mandate for the assessment group and have dedicated permanent representatives to the group.

This document was developed by the assessment group during the period of December 2010 – April 2013.

Aim

The aim of this document is to outline the Balkan Medical Task Force concept.

Scope of the document

The concept for the BMTF takes into account the need for enhanced utilization of existing military medical capabilities in the West-Balkan region by incorporating it into the framework of a Multinational Medical Unit (MMU), facilitating deployability and sustainability for longer than one year period. It covers:

1. Guiding principles
2. Operational requirements
3. Vision

4. Mission
5. Interoperability
6. Force generation
7. Standing organization
8. Functional relationships
9. Financial support
10. Legal aspects

Vision

BMTF will become the state-of-the-art multinational medical unit deployable to international missions within and out of the West-Balkan region

Mission

The purpose of the BMTF is to provide medical support at the Role 2 level on Crisis Response Operations (CRO) in a sustainable manner and rapidly respond to a broad spectrum of regional disaster relief situations. The goal is to enable the participating nations to provide vital capabilities to international operations, enhance national medical service capacities, and to achieve national NATO and Partnership for Peace (PfP) force goals (capability targets).

Guiding principles

BMTF will be a MMU, and as a deployable modular military capability, mission tailored for a broad spectrum of crisis response operations. The BMTF will be built upon the existing national medical capabilities in the West Balkan region. Nations will contribute by assigning nationally manned modules which will be integrated into the BMTF, as a minimum, in accordance with STANAG 2560, Medical Evaluation Manual (Reference B).

The BMTF maximum level of medical ambition is NATO Role 2 Enhanced (Role 2E) and the minimum level of ambition is a tent based NATO Role 2 Medical Treatment Facility (MTF) in accordance with Allied Joint Medical Support Doctrine - AJP-4.10 (Reference A).

The following guiding principles for the establishment of the BMTF apply:

- a. Best use of available resources and existing structures as well as close co-operation with national and international entities.
- b. BMTF will be multinationally resourced .
- c. Enhancing efficiency of national medical capability building, training and interoperability efforts.
- d. Utilization of available medical capabilities using a training cycle model with rest, training, certification and stand by period.
- e. The peacetime establishment of a standing multinational BMTF Standing Organization (BMTF SO) which is responsible for unit preparation, training, certification and deployment.
- f. Synchronization of regional medical disaster response efforts.
- g. Utilization of existing NATO/EU/UN medical standards.
- h. Evaluation and certification according to NATO MEDEVAL and CREVAL program (reference B and C).

Operational requirements

The inevitable demand for greatest practicable interoperability between NATO, UN, PfP and EU nations conveys specific implications in the area of medical support. Multinational co-operation allows more nations to participate and use national medical assets more efficiently, without duplication and the loss of effectiveness. Development of the Modular Approach (ModA) in NATO thus facilitates integration of nationally provided medical modules, sub modules (i.e. staff or equipment or fully functional units with staff and equipment) into BMTF. This enables involvement of nations which by themselves are not able to build up a whole deployable Medical Treatment Facility

(MTF). EU closely follows NATO's efforts on "Building Capability through Multinational and Innovative Approaches and Multinational Approach to Military Healthcare". All NATO, UN, PfP and EU requirements for deployable MTF will be met by the BMTF.

Regional disaster response operations pose a great challenge for every nation of the West-Balkan region. It is required to establish, train, evaluate, certify and keep medical support available on short notice-to-move (NTM) for disaster response. The NTM should not exceed 2 days for Medical Operational Reconnaissance and Liaison Team (MORLT), 5 days for core modules or advanced party capable of providing Damage Control Surgery and Resuscitation at arrival, and 10 days for the whole BMTF.

BMTF requires having 7 standard days of supply (SDOS) available from Classes I-V and 30 SDOS for medical supplies based on BMTF maximum operational capacity. Arrangements for (re)supply, maintenance of materials and critical equipment must be in place.

To achieve the main goal, to have a full operational capable (FOC) unit in 2015, the establishment of the BMTF should follow the timeline as defined in Annex B hereof:

Assessment phase:	2011-2013
Build-up phase:	2013-2015
Standing period Nr. 1:	2015-2017

BMTF will reach its initial operational capability (IOC) in the Build-up phase in the beginning of 2014 as a company size task force, and FOC by the end of 2015 as a battalion size task force.

Standing period Nr. 1 will last for two full years. During the standing period Nr.1 the BMTF can be used for regional deployment only. After the standing period Nr.1 the possibility of BMTF deploying out of region would be considered.

Doctrine

NATO approved policies and doctrine will be applied in development and building up of the BMTF and will also be used as basis for development of internal procedures.

Organization

The BMTF will be a multinational military medical unit composed of medical modules formed from contributions of the Participants.

One of the Participants, on a rotational basis, will assume the role of the Framework Nation (FN). A medical/medical-support officer will head the BMTF. All BMTF HQ positions will be specified in the Crisis Establishment (CE) manning table.

BMTF Standing Organization (BMTF SO) is a permanent peacetime body of the BMTF responsible for organizing and planning the training activities and steady state / contingency operations of BMTF.

BMTF SO will be tasked by and report to the Steering Board.

The BMTF SO will be composed of minimum eight personnel which are the following:

- COM BMTF
- COM MTF and
- Chiefs of S 1, S 3, S 4, S 5, S 6 and S 7, as members of HQ Staff as indicated in Annex C hereto.

The organizational structure of activated BMTF:

The organizational structure of the activated BMTF will consist of the following elements (see Annex A):

- a. Commander BMTF;
- b. HQ Staff;
- c. ROLE 2 Medical Treatment Facility (MTF);
- d. Evacuation Unit;
- e. Logistic Unit;
- f. Patient Evacuation Coordination Centre (PECC);

BMTF composition can be augmented by additional modules if required and made available by Participants.

Command relations

- a. Commanding officer (COM BMTF) –) will be responsible for all processes in the BMTF build-up phase and will have operational command during activation upon the Terms of Reference (TOR). COM BMTF will be tasked by and report to the Steering Board (SB), as defined under the Section Leadership.
- b. The SB will approve BMTF rotation, training plan and allocation of future acquired funds. Nations will forward all requests to the SB for activation of the BMTF. BMTF Chief of Staff (COS BMTF) has command and control over all staff elements in the HQ and is responsible for staff operation, coordination, and administration. COS BMTF will report directly to COM BMTF.
- c. A medical officer will be responsible for commanding the MTF (COM MTF). COM MTF will report directly to COM BMTF.
- d. The MTF will in principle be composed of the following modules:
 1. Reception/Triage
 2. Outpatient ward
 3. Laboratory

4. Dentist
 5. X-ray
 6. Surgery
 7. ICU
 8. Nursing Wards
 9. Pharmacy
 10. Sterilization
 11. Storage
- e. Evacuation unit will consist, as a minimum, of three Medical Evacuation Teams (MET) with one commanding officer in charge of all the teams.
- f. PECC will consist of three watch keepers and three assistants, with PECC Commander in charge of coordination.
- g. BMTF logistic unit will consist of the following modules:
1. Technical Engineering
 2. Medical Technical Engineering
 3. Transportation
 4. Medical and blood re-supply
 5. Class I – V
 6. Life support

Training

All required activities such as education, training, evaluation, and exercises will be utilized to keep the BMTF at high readiness and manned by well trained personnel. Level I individual training including credentialing, Level II module and team training, including certification of BMTF personnel, will be the Participants' responsibility. However, minimum training requirements should be set. Level III unit training, integration, evaluation, and certification will be the shared responsibility of the FN and

COM BMTF in accordance with MEDEVAL and CREVAL criteria. The BMTF must be certified on level III before the standby period.

Multinational NATO/EU/UN/PfP courses will be used to meet minimum training requirements. At least one multinational certification field training exercise (FTX) will be organized and conducted prior to the standby period in accordance with BMTF training plan. As a minimum one annual unit FTX will be conducted throughout standby period if the BMTF is not activated.

Command post exercises (CPX) must be conducted in accordance with the rotation plan for key personnel in the HQ and MTF staffs.

Matériel

BMTF will be able to deploy with the minimum 7 standard days of supply (SDOS) and 30 SDOS for medical supplies based on BMTF maximum operational capacity. Participants are responsible for resupplying of their deployed modules. BMTF resupply organization and coordination is the responsibility of the FN. BMTF will be equipped in accordance with the NATO medical standards. Standby BMTF modules, personnel and equipment will be located at national home bases.

Leadership

The Steering Board (SB) is the highest decision making body, consisting of authorised political and military representatives from each Participant. Each Participant will have one vote. SB decisions will be made unanimously by all Participants. The SB will have a BMTF activation mandate (i. e. deployment), subject to the approval of each Participant's national authorities.

Nomination and bidding procedures along with TOR of SB and COM BMTF will be described and agreed to by Participants in appropriate arrangements.

Personnel

Manning of the staff positions, specialist functions, and the subunits will be multinational. Teams' personnel will preferably be provided on a national basis. The total number of BMTF personnel will be approximately 200 PAX. The BMTF SO will have minimum of 8 multinational personnel, on rotational basis, based on national policy.

COM BMTF, COM MTF, Head of S-4 and Head Nurse will be from the FN, COS BMTF should be from a participants.

Facilities

Unless activated, framework infrastructure and modules will be located at their national home bases. The core subunit of the BMTF will be a Role 2 MTF provided by the FN. The BMTF SO location will be decided during further negotiations and specified in an appropriate arrangement.

Interoperability

A high level of interoperability is required among the nationally provided modules, sub modules or teams to assure successful accomplishment of BMTF's mission. Existing NATO standards will be utilized to enhance interoperability of personnel, equipment, and procedures which will foster interoperability among participating BMTF nations. All the personnel must be familiarized with the provided equipment. Calibration and certification of equipment will be responsibility of the nation providing it.

COM BMTF is responsible for development of Standard Operation Procedures (SOPs) and drafting of the financial application and will present them to the Steering Board for approval.

BMTF working language will be English.

Force generation

Participating nations, with regard to their national plans, will make bids on BMTF CE during SB meetings. The SB will be responsible for the BMTF rotation plan which will provide descriptions of the required modules and capabilities. This is to be completed in timely manner to let participating nations decide about their bids. The rotation time will be based on their national and separate bi- or multilateral arrangements.

Rotations of COM BMTF and key positions in the HQ staff must ensure adequate continuity. COM BMTF and COS BMTF should, as a principle, never rotate at the same time.

Functional relationships

The BMTF, as a multinational medical organization, is strongly connected to its Participants military medical services. The BMTF establishes functional relationships with all needed organizations and entities by concluding appropriate arrangements, as required.

Financial support

Participants and Sponsors will provide funds to the BMTF, trainings, deployments and exercises.

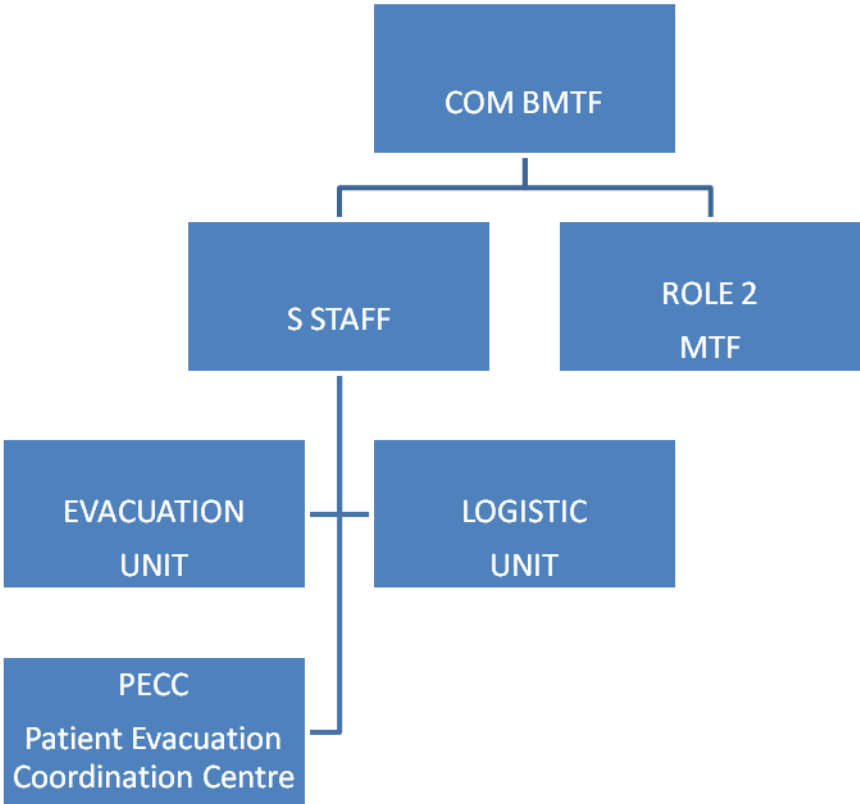
Legal aspects

The Participants recognize that an international agreement needs to be concluded in order to establish the BMTF and that further subordinate arrangement(s) have to be concluded for its successful operation.

The status of personnel assigned to the BMTF SO, personnel engaged in BMTF activities and the BMTF SO itself will be defined in an appropriate arrangement.

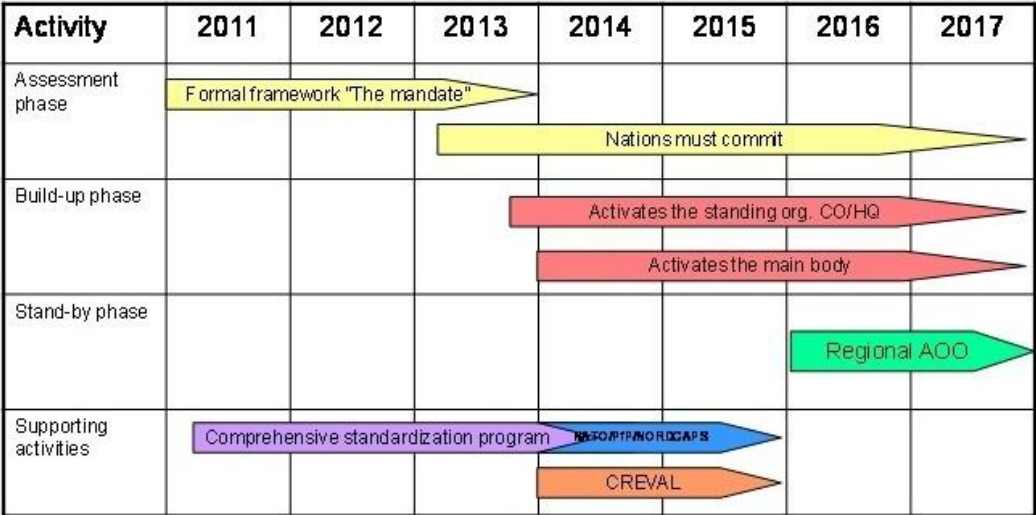
In any BMTF activity, the disciplinary authority remains the responsibility of each Participant's respective national authority.

Balkan Medical Task Force crisis organizational structure



Annex B to
CONCEPT FOR BALKAN MEDICAL TASK FORCE

Timeline of establishment



Standing Organization structure

