

Military Humanitarian Assistance to Civilian Populations in Times of Conflict-The Czech Experience

Klein L^{1,2*}, Gunn SWA³, Bohoněk M⁴ and Klein T⁵

¹Chair of Field Surgery, Faculty of Military Health Sciences, University of Defence, Hradec Králové, Czech Republic

²Department of Surgery, Division of Plastic Surgery and Burns Unit, Charles University Teaching Hospital, Hradec Králové, Czech Republic

³International Association of Humanitarian Medicine Brock Chisholm, Bogis-Bossey, Switzerland

⁴Department of Haematology, Central Military Hospital, Prague-Střešovice, Czech Republic

⁵Paediatric Cardiocentre, Charles University in Prague, Second Faculty of Medicine and Teaching Hospital, Prague-Motol, Czech Republic

Introduction

From the late 1990s, the Czech Military Medical Services have been involved in providing humanitarian assistance to the civilian population in different countries which suffered either natural disasters (earthquakes-Turkey, Pakistan) or ethnic/military conflict (Serbia and Monte Negro/Kosovo, Iraq, Afghanistan). These deployments were a completely new phenomenon for the armed forces of a former Warsaw Pact country. Any mission outside home-territory was not possible under the then prevailing doctrine. At the end of the Cold War era, substantial changes in the doctrine of our military forces took place. This is what allowed the Military Medical Services to “pave the way” in providing disaster relief and humanitarian aid in missions outside the Czech Republic [1]. Indeed, having the personnel and material resources available, it was also felt that the active involvement of the military in some non-military situations might be an effective and, sometimes, requisite crisis-response. An overview of recent deployments of the Czech Military Medical Services is shown in Table 1.

Forms of Health-Care Support

In most of these missions, the provision of medical care to the local population has been the main purpose for the deployment of medical units. Small units (level ROLE 1) have been supporting local communities for years-e.g. in Kosovo within the KFOR operation. There are many Kosovar and Serbian families, as well as small communities, living in remote, rural areas along the Serbian borders being substantially medically supported by Czech Military Medical personnel on a regular primary-care basis. Other forms of help are given to local health-care through the provision of, and participation in, professional activities for local, medical personnel; seminars, conferences and practical training-exercises (Bosnia and Hercegovina, Iraq, Afghanistan) [2]. These events are, perhaps, the most effective ways of promoting local medical care. A higher level of support is an attachment (up to 2-3 months) for foreign doctors to our teaching hospitals to educate them in specific aspects of, for example, after-surgery care. Iraqi pediatricians were taught in Prague how to provide cardiological care for those Iraqi children who had been operated on in Prague. Thus, the aftercare for patients treated in Czech hospitals can be well effective after their return home.

May 1999–November 1999	Albania, Turkey (AFOR)
May 2002–January 2003	Afghanistan (ISAF I,II)
January 2003–April 2003	Afghanistan (FST–ISAF III)
April 2003–December 2003	Iraq (IZ SFOR)
June 2004–May 2005	Iraq (FST MND SE)
November 2005–January 2006	Pakistan (Winter Race)
December 2006–January 2008	Afghanistan (ISAF)

Table 1: Main recent deployments (CZ Army Field Hospitals or Field Surgical Teams).

MEDEVAC Project

In seeking to create a system which would make it possible to provide specialized care for, at least, some children (and some adults, too), it was necessary to bring together representatives of more institutions at government level. Thanks to mutual co-operation between the Home Office, the Ministries of Defence, Foreign Affairs and Health, a complex project known in the Czech Republic as “MEDEVAC” was undertaken. This project is designed mainly for child-patients who have little possibility of local medical treatment. The leading role in co-ordination and financial support from the Government was taken over by the Home Office. The Ministry provides the funds and, among other tasking, has solved one of the main legal and procedural problems of bringing foreign patients to be treated in the Czech Republic. Patients are granted-on a temporary basis-the status of asylum-seekers, which includes one adult from the family. In this way, the victims are entitled to the appropriate medical care. As soon as the treatment (mostly surgery and recuperation) is finished, the asylum-seeker status expires and the patients, with their guardians, are flown home. All transportation for Project “MEDEVAC” is undertaken by the military [3]. For flights in both directions, spare capacity in military aircraft is used. Usually, patients travel in a group together with medical personnel on rotation-posting abroad (Figure 1 and Table 2).

Procedural stages of “MEDEVAC”:

1. pre-selection of suitable patients at the field hospital [4]
 - consultations with specialists in Prague using telemedicine
 - specialist on the spot
2. diagnoses verification
3. air-transportation to Prague
4. quarantine period in hospital
5. specialized treatment followed by recovery as needed
6. return to home country

Pre-selection for treatment in the Czech Republic is carried out by military medical personnel on patients arriving at the hospital from

*Corresponding author: Leo Klein, Division of Plastic Surgery and Burns Unit, Sokolska 581, CZ-50005 Hradec Králové, Czech Republic, E-mail: leo.klein@fnhk.cz

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Figure 1: Ariel view on the Czech Armed Forces Field Hospital in Kabul, Afghanistan, in 2002, primarily dedicated to the humanitarian assistance to the local population.

Bosnia and Hercegovina	17 patients
Kosovo-adults	6
Kosovo-children	34
Iraq-war injuries (sequaleae)	4
Iraq-heart surgery	38
Chechnya-neurology	1
Pakistan	10
Afghanistan	4
TOTAL	114 patients

Table 2: Patients treated within the MEDEVAC Programme till the end of 2007.

different sources; some recommended by local doctors or voluntary medical personnel, and some casual. Since recently, a small team of two paediatricians/cardiologists has been sent to the field hospital for about 7-10 days to check preliminary recommendations, and to perform more specialized examinations (ultrasonocardiography). The selected children and their guardians undergo all necessary administrative procedures. These procedures include the signatures of consent of their parents for treatment in the Czech Republic, and agreement on repatriation when the treatment has been finished. Upon arrival in Prague, all patients and their escorts are hospitalized at the Department of Infectious Diseases to undergo series of tests in quarantine. All examinations relevant to surgery and general anesthesia on children are also carried out. Upon completion, the patients are transferred to their specific departments according to their diagnoses; mostly to cardio surgery, plastic surgery, and the burns department [5].

The specialized and administrative work in the field hospital for “Operation MEDEVAC” includes:

1. Pre-selecting a patient with a suitable diagnosis for specialized medical treatment in the Czech Republic. This is based on factors of reasonable risk and realistic chances of recovery. The diagnosis should be of a condition which seriously threatens the health or life of the patient in the short-term, but the patient must be capable of being transported to the Czech Republic with no special arrangements.

2. Obtaining the consent of the family for medical treatment abroad.

3. Dispatch of a medical report and photographic documentation

to a medical facility in the CR; consultations leading to acceptance of the patient.

4. When the patient has been accepted, the necessary laboratory- and imaging-examinations of the patient and the accompanying person are carried out.

5. A medical report on the patient and accompanying person is prepared.

6. The appropriate documents for entry into the CR and for medical treatment under the MEDEVAC programme are prepared (consent of the legal representative for the medical treatment; asylum-application; power-of-attorney for the accompanying person if the person is not a legal representative).

7. Providing the parents and the accompanying persons with appropriate information; gathering them together and accommodating them the day before departure.

Up to the end of 2007, a total of 114 patients received comprehensive, mostly surgical, treatment in various specialized Prague hospitals. These included 38 children from Iraq, predominantly with congenital heart-diseases, and 10 from Pakistan, following the earthquake of December, 2005.

The Czech government has earmarked a special budget for this project for each year. In order to standardize handling-sequences and co-ordination procedures, specific medical criteria for the “MEDEVAC” programme were determined.

Medical Criteria (Indications and Contra-indications) of the MEDEVAC Programme

A. General definition of diagnoses of medical conditions suitable for treatment in the Czech Republic:

- the illness is life-threatening over a period of weeks or months
- the illness is not treatable in the country of the patient’s origin
- the illness is ideally completely treatable in the Czech Republic
- the length of treatment should not exceed 3-4 months (optimally for a single treatment).

B. Examples of suitable diagnoses:

- congenital heart-disease with a possibility of full correction
- war-injuries, complicated fractures requiring reconstructive surgery
- sequelae following burns-injuries
- cleft-lip, cleft-palate
- congenital urogenital deformities.

C. Primary unsuitable health-conditions:

- most of the haematological and oncological illnesses
- diseases treatable only by palliative procedures
- illnesses requiring repeated surgery
- congenital diseases of the locomotive system requiring long-term specialised and rehabilitation care
- congenital, chronic, metabolic illnesses.

The level of co-operation and co-ordination among the four



Figure 2: A small Afghani boy with severe bilateral hip contractures after burns injury, preventing his walking.



Figure 3: The same boy being transported by the military to Prague for treatment.



Figure 4: The same boy after surgical procedures wearing an elastic compression-garment.



Figure 5: The same boy walking at the airport in Prague before his return home.



Figure 6: A small boy suffering of bilateral cleft lip (not treated in Afghanistan).

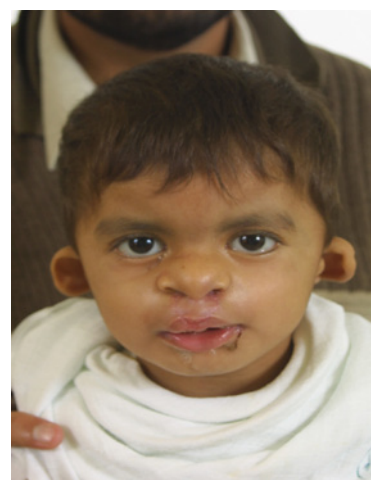


Figure 7: The same boy before his return to Kabul.

ministries of the Czech government has proved to be highly functional and effective. The experience has proved positive to all Czech participants, and has been well-accepted internationally (Figure 2-7).

Conclusion

Provision of humanitarian assistance to local civilian populations has become a permanent additional tasking for the Czech Military Medical Services during crisis-response operations [6]. These challenges require new qualitative approaches to personnel-education and -training (such as the addition of a pediatrician to the medical staff) as well as to material- and technical-support. A high level of co-ordination and co-operation between national and international civilian and military authorities must be maintained if future projects are to be successful.

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