German Medical Assistance for US Forces During the Gulf Crisis: A Stock-Taking of Lessons Learned

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This paper describes in detail the services provided by the Federal Armed Forces Medical Service during Operation Desert Shield/Storm; it mentions deficits that exist in the agreements regulating the mutual medical support and suggests the changes that should be made in this regard in the near future.

During the Gulf conflict, many Free World countries provided assistance to the coalition forces, including materiel, personnel, funds and ideas. Such support was also provided by the Federal Republic of Germany. A significant element of the German contribution consisted of the medical support which Germany gave to the US forces within the territory of the Federal Republic of Germany.

During the practical implementation of this support, however, it became clear that the assistance which had been planned could not be realized quickly enough and in an uncomplicated manner. The reasons for this can be found in the nature of the agreements which the United States and Germany concluded during the Cold War period to provide mutual assistance in times of crisis and war.

This article provides a background description of the agreements which regulated the mutual support between the United States and Germany during the period before the end of the East-West conflict; it describes in detail the services provided by the Federal Armed Forces Medical Service during Operations Desert Shield/Desert Storm; it mentions the deficits that exist in the agreements regulating the mutual medical support; and it suggests the changes that should be made in this regard in the near future.

The Starting Situation: Before East-West Detente

After the Second World War and the founding of the Federal Armed Forces, the following situation existed in Europe, and particularly in Germany: The incredible concentration of Warsaw Pact military power permitted only one conclusion; namely that a military conflict would take place on German territory, with little warning and with massive forces concentrated in Germany from the start of the conflict.

A local crisis with limited scope, or even a regional war in Central Europe, was not considered to be a likely option. As a result, our national alert systems, and all the mutual support agreements between the United States and Germany, were oriented on a quick transition from a crisis situation to actual war.

The legal foundation for all the agreements which regulate the cooperation between the Allied Forces stationed on German territory is the NATO Status of Forces Agreement (SOFA) of June 19, 1951 and its Supplementary Agreement of Aug 3, 1959. Article IX (5) of the NATO SOFA is the basis for the medical service cooperation between the Federal Armed Forces and the US forces stationed in Germany. It states, "When a force or a civilian component has at the place where it is stationed inadequate medical or dental facilities, its members and their dependents may receive medical and dental care, including hospitalization, under the same conditions as comparable personnel of the receiving state."

In peacetime, the regulations based on this provision were at first limited to technical and procedural agreements on the use of German medical and dental facilities for members of US Army custodial units.

During the 1960s and 1970s, of all the agreements based on the NATO Status of Forces Agreement, the development of the Combat Logistic Support System (CLSS) had the greatest importance for the medical services of the two nations. As is already evident from its name, the CLSS agreement was a genuine mutual assistance agreement for times of crisis and war. The regular meetings of the CLSS subcommittees have proved to be invaluable for US-German cooperation in the medical field. The many personal contacts which developed there made it possible to provide assistance quickly and in an unbureaucratic manner during Operations Desert Shield and Desert Storm.

The Wartime Host Nation Support Agreement (WHNS) of April 15, 1982, provides comprehensive rules for German support of US forces stationed in the Federal Republic of Germany. For the Federal Armed Forces Medical Service, it contains the concrete obligation to provide transport for the wounded in times of crisis and war, while all the other medical tasks remain under national responsibility.

However, the only agreement which regulates mutual logistic support in Europe during peacetime, the agreement of Jan 21, 1983, is not applicable due to the huge amount of administrative effort required, and because of the lack of implementing regulations.

The Situation in Germany at the Start of Operation Desert Shield

Operation Desert Shield started at a time when the Germans were absorbed by the events which led up to the unification of Germany on Oct 3, 1990 (start of Operation Desert Shield, Aug 8-9, 1990; start of Operation Desert Storm, Jan 17, 1991). Many Germans had long hoped for the day of unification, and all the political issues which were related to the accession of the former German Dem-

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ocratic Republic (GDR) to the Federal Republic of Germany were the dominant themes in the German media during the fall of 1990.

During the weeks after Oct 3, 1990, German attention was concentrated on the preparations for the first general elections in the now free and united Germany. The decision-makers in all the German political parties were intensely absorbed by the election campaign. It is necessary to mention this in order to point out how unusual the political situation was in Germany at that time. During this period, the main task of the Federal Armed Forces leadership was to organize the absorption of the former East German National People's Army into the Federal Armed Forces.

In this context, on the day of German unification, the Federal Armed Forces Medical Service not only had to provide medical support for the active West German forces, but it also had to take over the responsibility for providing medical care to the 300,000 former members of the GDR forces, including their dependents.

The Realization of German Medical Support for the US Forces in Germany During the Gulf Conflict

Under the constitution of the united Germany, there continues to exist a prohibition against the employment of members of the Federal Armed Forces, including members of the Medical Service, outside the NATO area. This constituted a basic political limitation on the possibilities of providing active military support to the coalition forces on the liberation of Kuwait.

From the start of the operations in the Gulf region, the executive leaders of the Federal Armed Forces Medical Service had already made a decision to provide assistance to the US forces in Germany as quickly as possible, with all the Medical Service means available.

During the course of November 1990, initial support requests had already been received on the working level from 7th Medical Command (MEDCOM) in Heidelberg, as well as from HQ, US Air Force-Europe at Ramstein. An essential element in this process had been the contacts made between US and German medical officers at the CLSS meetings. However, the realization of assistance was marred by some delays, both because of the lack of the required contractual agreements and because of the intricate and tangled channels that have to be taken before the inevitable political decisions can be made in the complex political structures of the Federal Republic of Germany. In addition, in the initial phases of the conflict, there was not a clear definition of the exact volume of the medical support that would be required.

A further problem lay in the fact that, as a result of the lack of agreements and regulations, all support commitments made to the US medical service in Germany were necessarily tied to the provision of additional funding, so that in addition to the Federal Minister of Defense, the Federal Minister of Finance also had to give his consent. The most important obstacle to giving a comprehensive support commitment in this phase, however, was that the US Government had not yet made an official support request.

An official support request was received on Dec 21, 1991, in a letter from the US Defense Attache in Bonn to the responsible State Secretary in the Federal Ministry of Defense. The receipt of this request initiated the German political decision-making process for the provision of medical service support.

An initial review of the requested medical service support (including beds in specialty wards, transport services for the wounded, delivery of medical material, provision of medical services and the disposal of medical waste materials) by the Office of the Surgeon General of the Federal Armed Forces quickly resulted in the recognition that, while the largest portion of the requested support could be provided by the Federal Armed Forces Medical Service, in certain specialized fields such as vascular surgery and burn treatment, it would be necessary to utilize civilian resources.

A second important step was for the US, after consultation with the Surgeon General's Office of the Federal Armed Forces, to request such German civilian support services, including beds in specialty wards, the use of rescue control centers, traffic control by the police for the transport of the wounded, etc. This was done on Jan 18, 1991, from the US Ambassador in Bonn to the German Foreign Office. In its reply of Jan 23, 1991, the Foreign Office agreed to provide this support to the full extent.

At this point it may be necessary to say a few words about the capacities which the Federal Armed Forces Medical Service has in peacetime: The Federal Armed Forces Medical Service is organized such that it can secure the regular medical treatment of the active German forces in peacetime, and conduct the required training activities to prepare for war. In peacetime there are only 44 billets for trained surgeons, of which only 33 are filled at the present time. The same applies to the capacities of the 12 Federal Armed Forces hospitals in the old Federal Republic territory. These hospitals have a total of 3,200 beds, of which about 15% are intended for civilian patients. These figures apply to the old Federal Armed Forces, which had a peacetime strength of 495,000 men.

What also needs to be taken into consideration is that by the end of 1994, the Federal Armed Forces will be reduced to a strength of 370,000 men in both Eastern and Western Germany. This will have appropriate consequences for the strength of the German Medical Service and for the numbers of beds in the Federal Armed Forces hospitals.

Therefore, the medical service capacities available to the Federal Armed Forces in peacetime are rather limited. The Medical Service's dependence on mobilization is about 1 to 5 on the

average, and in some areas it is even 1 to 95.

In peacetime, a rapid build-up of the Medical Service is possible only if reservists report for voluntary reserve duty training. The application of the compulsory Military Service Act in peacetime would involve a long delay, probably amounting to several months.

Federal Armed Forces Medical Service Support for the US Forces in Germany

The following measures were taken or were prepared to be taken by the Federal Armed Forces Medical Service:

- 1,000 beds, primarily in surgical wards, were reserved for wounded US personnel at the Federal Armed Forces hospitals in Koblenz, Ulm, Hamburg, Giessen and Munich. This is about one-third of the total number of our beds. However, our specialists in the fields of thorax surgery, ophthalmology and burn treatment were also standing ready with their bed capacities. In case there arose a larger requirement for the treatment of burns or vascular injuries, agreements were concluded with the states of Bavaria, Baden-Wuerttemberg and Hessen to allow the use of civilian capacities. The plan was to make use of the Federal Armed Forces hospitals from the start, parallel to the use of the US medical facilities. The Federal Armed Forces hospitals were not just planned for use as reserve capacities.
- The German Army Medical Service provided transport capacity with ambulances and helicopters for the transport of wounded US personnel from the Ramstein, Frankfurt and Nuernberg airfields to both US hospitals and Federal Armed Forces hospitals, and possibly also to civilian clinics. The capacity made available could accommodate up to 1,000 wounded personnel per day. By March 15, 1991, we had transported 928 injured and wounded US personnel by road and 635 by air. On that day, the Federal Armed Forces ceased to transport wounded US personnel at the request of the 7th MEDCOM.
- At the airfields, Federal Armed Forces liaison teams were established as points of contact for all assistance measures. The central coordinating agency was the Southern Territorial Command at Mannheim, supported by military district medical officers at Mainz and Munich. These liaison teams were also prepared for the transmission of US assistance requests to German civilian agencies in cases where, for example, there would have been a need for special bed capacities for burn patients or for other additional bed capacities.
- The Federal Armed Forces Medical Office was prepared for steering the distribution of bed capacities at the Federal Armed Forces hospitals, in close cooperation with the liaison teams.
- Medical materiel with a total value of DM 1 million was delivered to the US medical service, including medical equipment for 2-ton ambulances, stretcher carriers and cots.
- The Federal Armed Forces were prepared to make available to the US medical service in Germany, upon request, further combat-essential medical materiel, in addition to the materiel already mentioned. Moreover, the Federal Armed Forces Blood Transfusion Service was prepared to obtain and transfer up to 5,000 blood conserves per week for wounded US personnel.
- Preparations were also made to provide support for the US medical facilities in Germany with non-medical materiel and services through the appropriate agencies of the Federal Defense Administration (including medical waste material disposal, etc).

Finally, mention should be made that in addition to the United States, other allied nations were also given medical service support by the Federal Armed Forces: The British were supported with personnel for their two hospitals in Germany on the basis of an agreement for the exchange of medical officers for training purposes; Turkey received medical materiel with a total value of DM 1.6 million; Israel received medical materiel with a value of DM 2.4 million; and France was provided with special substances to detect the presence of biological agents.

In the end, our preparations for the treatment of casualties in Germany were largely made superfluous by the rapid conclusion of the war, and particularly by the successful ground offensive, which cost the allies only a rather small number of casualties; however, our efforts were not entirely in vain. The phrase "lessons learned" has been in frequent use in the Federal Armed Forces these days, and this observation also applies to our Medical Service.

Expressions of Thanks

On several occasions, the US Forces in Germany have expressed their thanks for the medical service contribution which we made for Operations Desert Shield/Desert Storm. On April 29, 1991, the Assistant Deputy Secretary of Defense for Health Affairs, Mr. Peter Collis, presented to the Surgeon General of the Federal Armed Forces, Dr. Gunter Desch, a medal of appreciation for the services rendered by the Federal Armed Forces Medical Service, as well as a document of recognition from the Deputy Secretary of Defense for Medical Affairs, Dr. Enrique Mendez, Jr.

On May 21, 1991, Maj Gen Alexander M. Sloan, Command Surgeon for the US European Command (now the Air Force Surgeon General), brought with him a document of recognition from his commanding general.

A week later, a reception was given at 7th Medical Command in Heidelberg for representatives of the German and Canadian medical units which had participated in the provision of medical support for the US forces in Germany. At the reception, Dr. Desch responded to MG Michael Scotti, Commander, 7th MEDCOM, who spoke the introductory words of thanks, by pointing to the firm bonds of friendship which exist between the United States and Germany, which made it a matter of course for the Federal Armed Forces

Medical Service to do all within its power to support the US forces, particularly since, for well-known reasons, it had not been possible for the German forces to take an active part in the Gulf operations.

On June 26, 1991, Dr. Desch was awarded the Officers' Degree of the American Legion of Merit. This award was conferred on Dr. Desch by the President of the United States to honor the Surgeon General for his merits in promoting US-German relations, and was presented by MG Sloan. In the citation, special mention was made of the support given during Operations Desert Shield and Desert Storm.

Reorganization of the Cooperation Between the US and German Medical Services in Peacetime

As can be seen from the context of the Gulf conflict, there exist some deficits in the regulations and agreements designed to secure unencumbered and rapid mutual medical support between the US and German forces in peacetime. Such regulations will be particularly important now that the East-West confrontation is over, since in the future we can expect to have more local conflicts to deal with. The prerequisite for the participation of forces from diverse nations in such missions does not necessarily require a legal state of war to exist for the participating nations.

The debate about Germany's international responsibilities has not yet been concluded, and the German Basic Law has not been amended. It is for these very reasons that good use should be made of the time that is still available to reorganize the peacetime medical service cooperation between the Federal Armed Forces and the US Forces in Germany.

A good beginning might be made with the successful conclusion of the "Agreement Between the DoD and the FMOD Concerning Health Care for Members of the Armed Forces and their Dependents." This agreement has been under preparation by the two nations for two years. During the Gulf conflict, when a large proportion of the US functional personnel was detached to the Gulf area, a valid agreement could have facilitated the treatment of US dependents in our hospitals.

What, then, are the concrete requirements? What we need are some agreements and implementing arrangements that can be applied in peacetime, including agreements on:

- The use of capacities to transport the wounded on land and in the air.
- The provision of capacities for medical treatment and care in military and civilian hospitals.
- The delivery of combat-essential medical materiel and equipment.
- The provision of services of all kinds, such as medical waste material disposal, laundry, maintenance and repair of equipment.
- The provision of the required means of communication.
- The replacement of medical and nursing personnel.

All of this will require a functioning liaison organization.

To sum it all up in a nutshell: Everything that has been projected for times of war will, in the future, have to be applied in times of peace. ●

Enemy vehicles destroyed by Coalition Forces.