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## CZECH REPUBLIC ARMY MEDICAL SERVICE

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In the years 1994-1995 the Czech Republic Army Medical Service officers became active participants of an extent transformation of the Military Health Service. The medical service arose from this transformation process as a consolidated, by organization and specialty, independent special kind of troop that should take such place in the whole army structure which is analogous to the position of the Medical Corps in developed countries.

An extensive experts' discussion preceded the determination of principal directions of the Military Health Service in which particular fields of Military Medical Service activities were subjected to various analyses. On these basis, particular measures were defined, however they could be implemented (in the reason of loss of time in the preparatory period) only in the last two years of the Czech Republic Army transformation process. The main task was to provide transformational and reorganisational changes as fast as possible which will lead to more effective health care in the Czech Republic Army from economical, personal and professional point of view. Purposed changes were introduced into practice in a go-ahead manner and have brought an expected result because during a considerably short period of time the Military Health Service has been transformed into a quite new peacetime organizational structure as in the region of Army Medical Service as in the region of medical facility respectively. In practice, were performed the tasks which have not yet appeared according to their importance and extent in a history of our Army Health Service and at the whole they led to realization of legitimate demand to establish Military Health Service as an independent type of troop. Reviewing the most serious changes, an implementation of regional system for providing basic health care occupies the first position, i.e. till January 1st, 1994 the garrisons system of army medical support was established. Simultaneously with that, all military hospitals and the Institute of Flight Health Service have been transferred into the system of private and state funding management (Central Military Hospital and Institute of Flight Health Service since April 1st, 1994, other military hospitals since July 1st, 1994). These system changes arose from a necessity to put in line providing health care in the Czech Republic Army with a system of medical insurance, subsequently from a need to provide optimal deployement of military health workers inside the Czech Republic Army and at the same time to reduce expanditures on Military Health Service. The achieved state meets contemporary demands of the Czech Republic Army. It is money and staff saving, more-opened to a civil sector, and in a legal harmony with the health service in our state. This way, 58,2% of officers and 70,1% of civil servants of the military administration were saved within the limit of the Czech Republic Army medical staff while the hitherto quaility of health care has been preserved. Since 1990 the table of positions (T.O.E.) has been totally reduced by 4 619 workers and annual savings were about 600 million of Kč opposed to previous state (prices in the year 1995).

All system changes provided in the period of transformation proceeded in the respect of the content from a document submitted to the Ministry of Defence Advisory Board (MDAB) entitled "Conception of Military Health Service in peacetime after the year 1993" admitted by MDAB in October 18th, 1993. In the course of transformation process this document was approved as justified and balanced by its content. Even today it has functioned as a basic programme document for the development of Military Health Service. In the middle of the year 1995 it was profounded and completed with a programme for the development of Military Health Service for this and next years reflecting current needs of the CRA. In approviate regions of medical provision, a development is purposed in following directions:

Medical care at the army level will be provided in hitherto extent and present manner, i.e. on the territorial principle in the system of garrisons sick rooms. An international reorganization of this system with the aim to achieve more conscipious saving of planned work places for officers and civil servants of the military administration was finished in the end of the year 1995 and further reduction of garrisons sick rooms personnell is enfeasible because it could be done only to the prejudice of existing quality of providing basic care. On the contrary it is unconditionally necessary to obtain requested sum of financial means to maintain a regular functioning of sick rooms without limitation of providing care. Proposed continual reorganization of dental care should reduce expanses for dental surgeries from the CRA budget at maintaining this care for CRA officers. A permission of the Czech Republic Ministry of Finance to complete a material ran out during the year 1995 at the value of so called direct material assigned to insurance companies brings a partial improvement to a financial situation of garrison's sick rooms. One of the main task for the next years will be to obtain a permanent annually renovated exception from the Czech Republic Ministry of Finance for similar procedure.

The second most important task related to garrison s sick rooms will be a complete improvement of working conditions of health providers especially building up standard work places. Specific demands of the CRA provided by army work places are following:

- a) admission of basic duty soldiers to in-patient departments of sick rooms and maintaining a continuity in providing basic health care
- b) to ensure medical support to training troops
- c) hygienic and antiepidemic care support
- d) fulfilment of tasks for combat and readiness, special military preparation of health providers, health preparation and education of troops.



Obr. 1 Praktická výuka mediků ve vojenské nemocnici

Fig. 1 Training of medics in a military hospital

The system of garrisons sick rooms will remain in professional and command subordination to the Czech Republic Army Administration of Medical Support and chosen garrisons sick rooms will work in their garrisons even under military preparedness of the state. The system of garrison's support will be modified in the course of following period in dependence on deployment of troops. Bed care will be provided in establishments with legal subjectiveness and system of state and private funding management. Beginning the year 1996 the hospital in České Budějovice will not already exist in the Military Health Service it will be cancelled as a military

hospital and transfer to a new organizer - the District Council in Českých Budějovicích. The other therapeutic institutes will be developed according to the needs of a catchment area and in dependence to a possibility for particular financial means released for their activities. When the hospital in České Budějovice is abolished then the number of beds in military hospitals will correspond with the number of secured officers.

The role of military hospital in both peacetime and wartime systems of medical support must be unreplaceable. In addition to form a positive image of the Czech Republic Army and due to historical reasons (e.g. longterm tradition of military hospitals in Brno and Olomouc), the subsequent reasons to keep the rest of hospitals as military establishments are principal:

- a) the great deal of military hospital staff is purposed for a leading position in forming field medical evacuation system, above all for a command of particular field medical units and facilities and for this purpose they are systematically trained in peacetime.
- b) prominent specialists in particular medical branches (majority from military hospitals) fulfill a role of general specialists of the Czech Army Medical Service and they are responsible for a development of their branches in peacetime and wartime conditions, including material and equipment in their work places etc.
- c) military hospitals play unreplaceable role in assessment of applicants for army recruitment, for a study at military schools, for a participation in foreign peaceful missions, in evaluation of fitness for duty and other activities of assessing work capacity
- d) military hospitals fulfil special duties for readiness which will be more important after reduction of number of field hospitals, they are the most serious component of territorial bed capacity during the military readiness of the state
- e) experts in military hospitals provide special education of military doctors from garrisons sick rooms and are engaged in the training of health reservists for field conditions activities
- f) military hospitals are situated on the territory of previous regional towns which is better for providing medical care in appropriate regions, for cooperation between doctors at garrisons sick rooms and specialists in a hospital and for a positive influence on completing staff for readiness and training of reservists for activities under military readiness of the state.

An existence, independent activity and further development of the Institute of Flight Health Service is undoubtable.

A hitherto function of the Central Military Hospital as the top special and professional therapeutic establishment of the Czech Republic Army must be preserved and when the building of surgical complex is completed, its development will be focused on an efficient specialization after an agreement with the Czech Republic Ministry of Health Service or Prague community authorities. Prior to that it is necessary to orient specialization at emergency medicine with a preference to develop surgical branches. To complete the hospital with additional branches in the case of free capacity of specialists, beds and others (i.e. peroperative and postoperative care). Another place must be find for the Center of Out-Patient Care in the Central Military Hospital because of a high rent requested for present premises. An independent audit must be provided in the Central Military Hospital to make financial management more effective and clear and in the next years a dependence upon the Czech Republic Army budget must be continuously decreased.

Special physicians in military hospitals together with physicians in garrisons sick rooms have to focus more on a prevention of provided care. In addition to this, it will be necessary to amend the Czech Republic Army Medical Service Commander's SOP by dispensary care. Dispensary programmes will be renovated with the emphasis at diseases mostly occured in active duty officers, which are cardiovascular, tumorous diseases, diseases of locomotive apparatus and occupational diseases. Financial means necessary for introducing dispensary programmes will be separated from the army budget and simultaneously a cooperation with the Military Insurance Company will be required.

Till 1996, so called information retrieval on hygienic state of chosen barracs is finished, in which all authorities and facilities of the Hygienic Service will largely participate. After fullfilment of the task, the state of about 85% of barracs will be known. The results with appropriate recommendations will be elaborated in the form of a comaredly document and submitted to the Board of the Ministry of Defence in the second part of the year 1996.

The medical service will take an active part in foreign cooperation in two basic levels:

- a) assistance of the CRA health providers and persons chosen from the civil health service in humanitarian missions at appropriate regions according to the decisions of supervised authorities. This activity brings besides its principal merit also valuable experience and suggestions capable to use for establishment and development of the military health service.
- b) participation of medical service specialists in continuing education and cooperation in prominent foreign health institutes and establishments as well as in negotiations with representatives of medical services of participating armies. Keeping already realized negotiations and personal contacts with representatives of the medical services of the NATO member countries is necessary. Knowledge obtained in these talks is significant for determination of future development of the Military Health Service as well.

In the field of informatics, the military medical service will continue establishing and using automated information systems especially for the purpose of health statistics and documentary technique, to work out a background for the needs of insurance companies with the aim of efficient material and financial service, for management of the service in decisive regions, for the development of particular medical branches and elimination of raising administration. Computers in selected sick rooms will be connected through a local computer network to a central patients' file, and network versions of user's programs will be installed. A system of collecting, processing and data filing for the purpose of statistical, scientific and legal application will be created subsequently to a software support for general practitioners and stomatologists.

At present entitled demands of the military medical service to set up leading authorities with appropriate competencies are focused on the region of material, technical as well as financial provision of Military Health Service. The aim is not to split this region among many bodies which cooperate with the Military Medical Service, but make decisions about managing assigned means independently and hold a complete responsibility for the whole field of medical support. The demand for sufficient competencies had not been in the limelight of the medical service in the period of elaboration of comradely material in October 1993, because negative experience with management of the medical service without these competences were acquired only in the subsequent period. The principal starting point for determination of a standard of competencies should be an independence of the Military Medical Service finished in 1994, which issues from regulations of the Geneva Conventions and by the organization position of the medical service with appropriate competencies is respected in most armies of NATO countries. Paradoxically the Czech Republic Army Medical Service has not its budget range at a such level that it had when it was not an independent type of force. A way out of present situation is to split a budget of the Military Health Service from logistics and release means according to generally valid principles withing the jurisdiction of the Division of the General Headquarters.

In peacetime the medical material and equipment supply support will be provided on the basis of possibilities of the medical service. Working material, minor services and purchases will be performed by individual establishments separately and decentralized on the basis of assigned financial rates. A mass consumer's material (vaccines, instruments, minor apparatuses of non-investment character and services ordered in mass manner will be purchased centrally through medical basis (army repairs) or will be arranged by civil sector basis (extraarmy repairs).

According to financial possibilities out-of-date peacetime and field medical material and equipment will be exchanged. In practice, a new system of drugs exchange will be performed in army stocks, for this purpose drug sets M-1 upto M-7 have been completed. Other fields of management and medical supply support will remain in a hitherto system.

Management and proper activity of the Czech Republic Army Medical Service will follow nation-wide valid law standards which will be completed with amendment of departmental regulations. The main efforts are to take part in the process of comments to all statutory standards, which deal with providing health care in the Czech Republic or they may be related with the Military Health Service in a narrower or wider sense. The Military Medical Service will make comments mainly to the law on conditions of providing health care, the results of the process of comments and other standards of the law related with the system of medical insurance, the law on defence, law on enlistees, law on the course of basic duty (compulsory service), law on the course of service of active duty officers etc. with the respect to cover all priorities in development of the service and to carry out directions given above. A concern of private practice of military doctors will be enforced how it is common in all western armies and was common in pre-Mnichov Republic.

A perfect specification of a position of health providers at all levels of the system of positions and ranks in the Czech Republic Army, which has bagun to be carried out during this period, and determination of a course of service of particular professions in the so called "rank order" of the Czech Republic Army, belongs to the most important tasks of the Military Health Service. The most significant here will be a fact, how a specification of position, activity, education and completing of army health providers will be managed.

The independent chapter of the principal importance will be a practical implementation of changes which were or nowadays have been carried out in the system of field medical evacuation. A spotlight on wounded and sick, subsequently on autonomous functioning of the system of medical support of the troops on the basis of organizational independence of the Czech Republic Army Medical Service must be the basic starting point for the reconstruction of the whole complicated system of war medical support of the troops. As well as a transfer of the medical service from peacetime to wartime state, a support of troops without problems and reaching the basic level of standardization with the field systems of the NATO armies medical services, as future close participating partners. The problems are too wide and complicated and that is why they are not analysed in more details in this article, however a health public will be acquianted with them on another occasion.