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MILITARY MEDICAL SERVICE

Maj. MUDr. Roman BLANAŘ
Manager of the Administration of Medical Support belonging to the Czech Republic Army,
Hradec Králové

At present it is certainly not necessary to stress to the military medical population the existence of a new system in providing of the primary health care to the soldiers in active service. That's why I would like to point out the basic cause leading to the reorganization of the Military Medical Service and I would like to characterize briefly the present system of garrison medical facilities; both its positive and negative aspects.

There were significant changes in the Czechoslovak Army after the revolution in November 1989. The process of democratization and humanization of the military service enabled all of the officers to leave the service freely, without the necessity to respect any previous commitments to the Army. A lot of military doctors used that possibility and there was a mass exodus of doctors, career soldiers to the reserves in 1990 and 1991. The staff situation of the Military Medical Service became critical, mainly in the territory of the present 1st Army Corps.

A paradoxical situation was formed in the Military Medical Service. Military units with a minimum number of soldiers in active service and their own medical support (including a doctor) and, as well, units with a maximum number of soldiers without any medical support or with only one doctor existed in one garrison. The expected mutual aid among the doctors of different units was damaged not only by different subordination of individual units in garrison, but as well by ownership approach of commanders to "their" doctors. The doctors working in large units were in a hard situation. There was a dispute between the two basic attributes of their occupation - doctor and soldier. Each common military activity, including the training, was an unbearable load for doctors during the overloading of therapeutic and preventive activity.

The demand of unit doctors to free themselves from the military duties and so form the space for the therapeutic and preventive activity arose from this situation. This demand was repeated in the meetings of specialists - the field military doctors, and crystallized into a demand to make the Military Medical Service independent from the command authorities.

The burdensome staff situation in the Military Medical Service was the main cause for the need to reorganize it. I could name a number of other reasons as, for example, the establishment of the system of health insurance companies and so on, but I consider them only as secondary reasons.

The situation, which arose in the Military Medical Service, led the Department of the Military Health Service in the General Headquarters to changes in the whole system of medical support in the Army. A new conception of the Military Medical Service, which was based on the territorial principle, came into existence, mainly thanks to the Deputy Chief of the Military Medical Service, Col. MUDr. Procházka. The system of garrison medical facilities was proposed. This system would join forces and means of the Military Medical Service of units in the given garrison. The aim of the proposed conception was not to relieve doctors of their military duties, as it is sometimes presented, but to form them better conditions to perform tasks both in the therapeutic and preventive area and in the specific military area. The so called "experiment to check the new conception of the Military Medical Service" was carried out in 1991 and 1992 to check the operation of the new system of the medical support. The garrison sickrooms were established in the form of a concentration of staff and equipment in one work place in Žatec, Chrudim, Kroměříž and Hodonín garrisons.

The activity of experimental sickrooms was evaluated in the course of the experiment and the final evaluation was positive for the proposed new conception. The main positive attributes which led to this conclusion were:

- experimental sickrooms fully performed the tasks in the therapeutic and preventive area
- the differences in the amount of work among the individual doctors in garrison were removed
- the concentration of the medical staff evoked the continuity in ensurance of care, solved the question of substitution among the doctors and formed conditions for additional education of doctors
- experimental sickrooms ensured the training of all units in garrison as well as more rational usage of staff and medical equipment
- the establishment of the position of "the Management Officer" prevented the build-up of administrative work among the doctors - the experiment proved the advantages of unity of command especially in the area of operational management - it was possible to reduce the number of unit sickrooms in some garrisons and so decrease the staff and finances (mainly during the operation and maintenance of sickrooms).

In 1993 the Chief of the Military Medical Service on the basis of the so evaluated experiment, and after the opposition of doctors and the commanders of the Army Corps, presented the proposal of the new conception in the Military Medical Service to the Advisory Board of the Secretary of State for Defence. This conception was approved.

On January 1, 1994, the system of garrison medical facilities was established. The Administration of Medical Support of the Czech Republic Army took over the supervision of those facilities. When the Administration was established and the command subordination was defined, the process of separation of the Military Medical Service as a kind of troops was completed on January 1, 1994.

Present System of the Garrison Sickrooms

The type structure of the sickrooms was formed because of the need to differ the size of garrison medical facilities according to the number of soldiers in the garrison. The original distribution included 3 types of the garrison sickrooms, garrison medical stations and atypical garrison sickrooms - Prague, Brno. Another differentiation in the Peacetime Tables of Organization of the sickrooms was carried out by the strengthening from the Table of Organization reserve of the Manager of the Administration of Medical Support. The necessary variability of the sizes of the sickrooms, because the Chief of the General Headquarters ordered to cancel the Table of Organization reserve, was solved by establishing the multiple type structure (individual types of sickrooms were divided into subtypes).

I present all the other numeric data illustrating the present state of standardization in garrison medical facilities and the staff expertise according to the Tables of Organization valid from October 1, 1995, which reflect not only the structure lay-out, but also the realization of significant reduction in the total number of people in the Military Medical Service.

Prague and Brno garrison sickrooms, 8 garrison sickrooms type I. (divided into 6 subtypes), 20 garrison sickrooms type II. (6 subtypes), 37 garrison sickrooms type III. (8 subtypes) and 20 garrison medical stations are still not standardized in the Tables of Organization.

Tasks of the Garrison Medical Facilities

Tasks in therapeutic and preventive area have remained basically unchanged. The regulation "Zdrav 1-1" is still valid in spite of the fact that it needs to be amended urgently. This regulation has been modified by the methodic statutes of the Chief of the Czech Republic Army Medical Service and by orders of the Manager of the Administration of Medical Support belonging to the Czech Republic Army. The presentation of individual performances to the insurance companies became the standard part of the therapeutic and preventive activity. The Military Health Insurance Company bought computers for all the sickrooms to make communication with the doctors of sickrooms easier.

There was a significant change in other areas. The garrison medical facilities are independent units with their own commander-chief, whose command authority is at the same level as the battalion commander. The range of duties of the sickroom chiefs increased with the changes in their position. The position of the Management Officer, who should take over the maximum of non-medical duties of doctors, was established to solve the organization of the sickroom activities, to perform their supply support, to plan the military training and to solve the administrative matters.

There were a number of differences from the model situation which was created during the experiment. This caused the growth of tasks, mainly due to the reorganization of military logistics and financial service. We supposed that the units would provide the garrison medical facilities with the needed services in the same way they receive them in the area of the health care. The reality is however different. The revenue offices came into existence, but each individual unit must have its wage department (so as well the sickrooms). The military logistics became independent, but the garrison storages, which should perform a supply support to units in the garrison, have not arisen so far. A new accounting system (double-entry bookkeeping was introduced on January 1, 1995), and the planning of budget resources brought as well the additional growth of duties.

The changes in the Tables of Organization of sickrooms had to be made to ensure the completion of these tasks. The non-medical staff forms 10,5 % of the total number of workers in the sickrooms, in spite of the fact that the original intention was the lower number.

Staff Situation

I would like to mention some basic statistical data because the amount of staff is a very common question nowadays and it is not always presented well. It is seen from the given tables that the staff situation in garrison medical facilities is not critical in connection with the occupation of the valid Tables of Organization. The statistics however does not cover the staff distribution. At present there are a lot of garrison sickrooms without a military doctor and some of them even without a civilian doctor (Kozlov, Radošín and Kolín garrison sickrooms, Dětřichov and Chotěboř-Bílek garrison medical stations). It is necessary to add the basic data about the discharge from the service to picture fully the staff situation:

- in 1994 16 doctors with the postgraduate diploma in general medicine and 5 dentists were discharged to the reserves
- in the first half of 1995 4 doctors with postgraduate diploma in general medicine and 2 dentists.

Table 1

Planned and Real Number of Doctors according to Number of Military Occupational Speciality (MOS)

Number of MOS	Plan	Occupied		Percent of Occupation
		Career Soldiers	Civilian Workers	
828	222	152	28	81
827	4	4	0	100
834	16	7	2	56
840	52	21	25	88,5

Table 2

Planned and Real Number of Health Providers and Management Officers

Number of MOS	Plan	Occupied		Percent of Occupation
		Career Soldiers	Civilian Workers	
802	78	72	0	92
852	3	3	0	100
860	92	64	16	87

Table 3

Age Structure of Career Soldiers according to Number of MOS

Number of MOS	Age Composition									Average Age of Career Soldiers
	-25	-30	-35	-40	-45	-50	-55	-60	>60	
828	0	27	29	43	27	10	5	9	2	38,6
827	0	0	0	1	1	1	0	0	1	49,2
834	0	5	1	0	1	0	0	0	0	30,7
840	0	5	5	5	2	1	3	0	0	36,7
802	2	9	13	19	14	9	5	1	0	38,4
852	0	0	2	0	1	0	0	0	0	34,1
860	28	14	6	8	3	1	3	1	0	29,3

Number of MOS
828 general practitioner
827 sport physician
834 Air Force physican
840 dentist
802 the Military Medical Service Management Officer
852 the Military Medical Service Management Officer
860 health provider

Summary

The burdensome staff situation and its consequences, the inability of the Military Medical Service to ensure the tasks in the required range, were the decisive moment for the reorganization of the Czech Republic Army Medical Service.

There is a substantially higher percentage of medical staff after the total reduction of troops in the Czech Republic Army, after the cancellation of a number of formations and facilities and after the adequate reduction of the Military Medical Service. The critical staff situation lasts only locally in non-attractive garrisons or in garrisons which are not socially secured. The number of military doctors who leave the service is significantly lower.

The new system of medical support of the troops is functional and it is an asset both from the point of view of our experience and the conclusions of the Inspection of the Ministry of Defence and the evaluation of a large majority of commanders. The completion of tasks in all areas of activity, in economical usage of forces and means of the Military Medical Service, was eusured at regular planning and operational management. Some commanders have not conciliated with the necessity to require medical support and to perform the cooperation with the garrison medical facilities. The doctors of garrison sickrooms are not united in their opinion as far as the operation of the system is concerned. Their evaluation is influenced by the staff situation in individual sickrooms and as well as by the range of build-up tasks for individual officials. The main negative attribute of the whole garrison system of medical support is the inadequate and unsupposed build-up of tasks in the area of logistical support and administrative and economical operations.

At the end I must stress that the system has not existed for a long time. It was established on January 1, 1994. During the whole time of its existence, the reorganization of the Czech Republic Army has been going on with the significant reduction of career soldiers and the establishment of the new organizational structures. There have been repeated changes in the Military Medical Service. I would like to thank all the personnel of the garrison sickrooms who have provided permanent good quality care to all soldiers in active service and the training of troops in the Czech Republic Army besides the realization of a number of organizational measures. I suppose that in the near future the importance of medical facilities of the first contact will be evaluated even in the Army and that we will manage to improve at least the working conditions of garrison medical facilities.