

## LETTER TO THE EDITOR

# EXPERIENCES GAINED WHILE WORKING IN THE NATO JFC HQ, BRUNSSUM

The Headquarters Joint Force Command (JFC) at Brunssum is an operational NATO headquarters located in that small town in the Limburg province of the Netherlands. The history of this HQ stems from 1967 when the **Allied Forces Central Europe Command (AFCENT)** was established there. In March 2000, HQ AFCENT stood down, and the new **Regional Headquarters, Allied Forces Northern Europe (RHQ AFNORTH)**, assumed command of and responsibility for Northern Europe. As a result of the Prague Summit in November 2002, **RHQ AFNORTH** was transformed into the **Allied Joint Force Command (JFC) Headquarters, Brunssum**. The latest restructuring of this headquarters took place in 2012 when the HQ changed its name to **Headquarters, Allied Joint Force Command (HQ JFC), Brunssum**. The main designation of HQ JFC Brunssum is the International Security Assistance Force (ISAF) and NATO Response Force (NRF).

I worked in the JFC HQ Brunssum from the 1<sup>st</sup> August 2009 until the 31<sup>st</sup> July 2012,

occupying the Joint Medical Co-ordinator/Deputy Medical Adviser (MEDAD) post in the Medical Branch. Shortly before I started working there, the HQ Command and Control (C2)-structure had changed from the standard J-structure into an organization of cross-functional teams. The reason behind this change was to enable better co-operation between members throughout the Headquarters. The new C2-structure consisted of the Command Group and three directorates: Knowledge Management Directorate, Operations Directorate and Resources Directorate. The total number of personnel was about 500. The Medical Branch was under command of the Resources Directorate along with the Human Resources Branch, Logistics Resources Branch, Communication and Information Systems (CIS) Branch, Financial Resources Branch, and the Engineering Branch. The Medical Branch consisted of seven posts. The CJMED Head was double-hatted as Medical Adviser to the Commander. In July 2012, as a part of the restructuring of NATO operational Commands, the C2-structure was changed back into the standard J-structure.



**Figure 1.** View of the NATO HQ at Brunssum.

Consequently, the Medical Branch was transposed into the Medical Division and the number of posts increased from seven to ten.

### **Pre-deployment preparation**

It was in Spring, 2005, when I was informed that I had been nominated as a candidate for a posting to the JFC HQ Brunssum. The planned start of my tour of duty would be in August, 2009. At that time, I was working in Vyškov as Deputy Commander of the garrison health facility without any prior experience or knowledge of the staff-work involved at operational or strategic levels of command. As a part of my complex pre-deployment training, I was sent to attend a language-course at STANAG 6001 level 3. Subsequently, I was deployed to the SFOR mission in Bosnia-Herzegovina. In 2007, I attended a career-course for Medical Officers in the USA and, in 2008, I was assigned to a senior medical Staff Officer post in the Medical Department of the Czech Ministry of Defence. Due to my work there, I gained much knowledge and valuable experience relevant to staff-work at the strategic level of command. During the same year, I also attended the Joint Medical Planners' Course at the NATO School in Oberammergau, Germany. The last phase of my training was a one-week internship at the JFC HQ, Brunssum, in May 2009.

At this juncture, I would like to emphasize how important it is to have had some experience of working in foreign missions and at an operational or strategic level of command; also to have good language-skills. If a Czech Medical Officer is to be assigned to a senior post in an operational or strategic NATO HQ, I consider it very important for him or her to have already worked within the NATO command structure.

### **Working at the JFC HQ**

After working at the JFC HQ for a couple of days, I realised how demanding and challenging this job was. The pressure came not only from working abroad, but also from the variety of highly complex tasks that I had to deal with. Moreover, despite my respectable knowledge of English, I found out very soon that it would be very difficult to understand so-called „NATO-speak“. During initial meetings with topic managers from other branches, I felt as if they were not speaking English. They used many abbreviations and words I had not heard before. In addition, they were discussing things of which I had

only very limited knowledge: for example; NATO doctrines in detail, issues related to ISAF, internal NATO issues, etc. I began to realize why newcomers need at least 6 months until they are able to deal with all the tasks.

Another big challenge was to adapt to working in an international team. In my case, my colleagues were from Germany, Poland, the United States, France, the United Kingdom and the Netherlands. There are many specifics connected to working in an international team. Unlike in one's own national environment, relationships in the international environment are friendlier, without rivalry. On the other hand, you are expected to be hard-working and to be able to adapt to a rapidly-changing environment. Due to the fact that the commanders and directors are proven leaders, their leadership comes from example rather than from using rank and authoritative power. A very significant advantage of working at the JFC HQ was the opportunity to learn from those practised leaders and outstanding specialists. It was very interesting to observe the ways in which Officers from different countries solved problems, and then to compare them with the way to which I was accustomed! This is something one cannot learn from any textbook. Other essentials were the continuous necessity to be able to express oneself in a “diplomatic” way, the ability to be culturally sensitive and, finally, the avoidance of premature conclusions and a categorical attitude.

My main responsibility was to co-ordinate the activities of the Medical Branch, to assign tasks to the respective Medical Branch members and to monitor the ways in which the tasks were fulfilled. I also had to attend many meetings, some of them on behalf of MEDAD when he was not present. Another responsibility was to deal with the ISAF medical support, especially in view of the development of the Afghani National Security Force (ANSF) Healthcare system. On occasion, I had the opportunity of briefing students in the NATO School at Oberammergau as also of taking part in ISAF exercises at the Joint Warfare Centre (JWC), Stavanger, as a topics specialist and Higher Control (HICON) medical. I also participated in organizing and overseeing the training of key ISAF medical personnel together with the ISAF Multinational Medical Management Steering Group meetings. I attended a few conferences on NATO Medical Operations and other meetings at which there were very useful and beneficial discussions on both current and potential NATO medical support to those operations.

I was very glad that I also had the chance to become familiar with the NATO Response Force (NRF) medical support formation. Last but not least, it was an exceptional experience to be part of the core-team dealing with the restructuring of NATO Commands. The team was focused on medical participation within an operational HQ, and created a new Medical Division structure which included taskings and job-descriptions.

During my tour of duty at Brunssum, I was also attached to NATO Training Mission - Afghanistan, in 2010. I travelled to Afghanistan every year in order to get as much knowledge of the ISAF medical support system as possible. Thanks to this attachment and a few situational-awareness trips (SAT), I visited most of the medical treatment-facilities at Role 2 level and all medical treatment facilities at Role 3 level in Afghanistan. I was also able to visit a few ANSF hospitals as well as some civilian hospitals there. It gave me a very good perspective on what was satisfactory and what was to be improved in the provision of medical support to coalition troops.

#### **The benefits of working abroad**

The most significant benefits resulting from this international posting may be seen as follows:

- the opportunity to learn from leading specialists and commanders
- establishing a professional and social network
- an improvement in language skills
- acquiring information on topical issues
- meeting leaders from all NATO Medical Services
- having limited but real influence on medical doctrines and policy.

Daily work in an international team helps to develop patience and a sense of anticipation of a positive outcome. It also develops team-spirit. Serving as a representative of my country, and the acquisition of knowledge were the main motivation factors in helping me to overcome so many obstacles and challenges. From a personal point of view, a very satisfying benefit of working at JFC HQ was being right in the centre of everything that seemed most important! I became familiar with most of the details of the mission; and I had the chance to observe, at strategic and operational levels, how theoretical knowledge, doctrines and concepts were developed and then practised in tactics. There is no doubt that the Lessons

Identified / Lessons Learned (LI/LL) process is essential for continuous improvement in operational medical support. Unfortunately, this is still not fully recognized in the Czech Republic.

In conclusion, I can unequivocally state that sending Czech Medical Officers to serve in NATO Commands is something that is vital. The benefits bestowed on the Medical Officers themselves are of vast importance also for the Military Medical Service as a whole. The knowledge and experience gained from working abroad must surely also be applied in dealing with both national and international situations which require the presence of trained, experienced medical personnel.



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