



Metis

Interview

“The basis for resilience is awareness of the threat we face.”

Major General (MC)
Dr. Hans-Ulrich Holtherm
on overcoming the pandemic,
resilience and the *Zeitenwende*

No. 5 | May 2023

The views expressed in Metis Interviews are those of the interviewees. They do not reflect the opinion of the Bundeswehr, the Federal Ministry of Defence, or the Bundeswehr University Munich.

Institute for
Strategy & Foresight



Interview

Major General (MC) Dr. Hans-Ulrich Holtherm
on coping with the pandemic, resilience and
the *Zeitenwende*

Environmental disasters. The COVID pandemic. The Russian invasion of Ukraine. The Bundeswehr is facing new challenges both in its provision of administrative assistance and with regard to national and collective defence. As a result, the Bundeswehr Medical Service faces pressing issues concerning the future of civil-military cooperation as well as the management of potentially large casualty numbers. In our interview with Major General (MC) Dr. Hans-Ulrich Holtherm, Commandant of the Bundeswehr Medical Academy in Munich, we discuss these issues as well as matters of the resilience of society as a whole. The interview with the former head of the COVID Crisis Management Team at the Federal Ministry of Health was conducted by Professor Dr. Carlo Masala and PD Dr. Frank Sauer in April 2023. In the interest of improved readability, the transcript has been edited slightly.

Sauer

From your perspective, how would you rate how we got through the pandemic?

Holtherm

That's an important and legitimate question, but it's also a question that cannot be answered on a scale from "good" to "bad" because you have to know the criteria on which to base your answer. From March 2020, I was the head of the Crisis Management

Team at the Ministry of Health, and almost everything was completely new there. This kind of pandemic had been practiced – you'll be familiar with the LÜKEX exercise, which focuses on crisis management skills across federal states and ministries and which in the past has featured similar scenarios, one even with SARS-CoV. But this virus was different. It was not as dangerous. But it was considerably more contagious. Which is why the main goal, at least by the second

winter of the pandemic, 2020/2021, was to prevent the German health system – hospitals and the outpatient sector – from collapsing like it did in other countries, such as Spain, Italy of course, France at least partly, and to an extent in the United States. That was the absolute objective. Our goal was not to prevent infections and deaths but to be able to maintain a health system in which everybody who needs medical treatment can actually get it.

**Sauer**

What can prevent deaths if not a working system?

Holtherm

That's right. A tsunami of infections like the ones in Bergamo or in Madrid will overwhelm any system. And preventing this kind of loss of control was the goal of the work of the Crisis Management Team at the start of the pandemic. If you base your answer on that measure, then we were successful, despite all the mistakes and lack of preparation: personal protective equipment, or PPE, that is to say masks, tests, all that certainly didn't go well and could have gone better. These things should have already been available in preparation. I'm sure we'll get to talk about resilience and preparation later, but if we measure our success by the goal that was set, then we managed to get through the pandemic without losing control. And unlike how it was in Italy and in Spain – and this is my own personal political assessment – the German government would not have survived losing control of something as important as inpatient medical care for our patients and our people. Other aspects – the economy, education, school closures – all these things have to be assessed too. Even death tolls, where you think: Well, that's easy to evaluate. They have this many deaths, they have that many deaths. But as you know, mortality statistics can be based on completely different ways of evaluating data. Take the difference in meaning between "died from COVID" and "died with COVID" – very difficult and handled very differently from country to country. If I look at the initial scientific analyses, I would say we rank in the top third of the evaluation if we take all aspects into consideration, that is to say education, school closures, and economic damage that was caused or prevented, and of course the main goal that was our absolute focus at the beginning: to protect the health system.

Sauer

It seems to me that, in hindsight, people often forget what we knew when and what evolved how. The fact that the wild-type strain had a different degree of infectiousness than the Delta variant, for example. Many critics already seem to have forgotten this and point to the fabric face coverings of the early days of the pandemic, saying: We only wore those because the government didn't properly prepare beforehand. That's true enough. But the fact that they were still useful at the time and that the need to switch to FFP-2 masks was primarily owed to the greater infectiousness of the Delta variant seems to have been forgotten. Which takes me to my next question: How would you say things are going in terms of processing what's happened? Are we drawing the right conclusions and learning the right lessons?

Holtherm

At the moment, we're not systematically learning any lessons at all. And so I think the proposal put forward by Wolfgang Kubicki, member and Vice President of the Bundestag, to set up a study commission made up of experts and politicians is not bad. It's also better than a parliamentary committee of inquiry, which is more of a political instrument. I think the study commission offers us the opportunity to take

sensible follow-up measures across the different levels involved. And now is the right time. As we all know from recent media reports, a new variant has emerged in India, which could become a problem again. But I definitely believe that we are past the point of pandemic dynamics forcing us to take drastic measures. But that's just speculation of course. Take Christian Drosten as an example, whom I already knew before the pandemic. We worked together as junior physicians at the Institute for Tropical Medicine in Hamburg. He really is the most renowned Coronavirus researcher in the world. And even Christian Drosten had to correct himself several times, because many things were unknown at the time, because this virus evolved in surprising ways and reached a level of infectiousness at a speed that no-one thought possible at the beginning. And anyone looking back at this with a bit of humility should acknowledge this instead of saying after the fact: Well, that was all wrong! I can certainly say from my own experience that the politicians in charge and the scientists involved worked hard to do all they could at all times. And there were regular meetings with scientists, including from the fields of educational research and crisis communication, such as Cornelia Betsch from Erfurt.

The politicians in charge and the scientists involved worked hard to do all they could at all times.

**Masala**

So what made a soldier – even if he's a physician, but still a soldier – move to the Federal Ministry of Health and take on this responsible role? And how did you experience the different organisational cultures? Was it a "clash of civilisations" or was it a win-win situation?

Holtherm

I'm smiling because I was of course expecting this question and because it's a good question and a really legitimate one. Let me start by saying that I was not prepared for it. I had previous experience in crisis management teams – Ebola, H1N1, or swine flu, as we call it. I was briefly detached to the Ministry of Health back then as well. But that was on the initiative of the Federal Ministry of Defence (FMoD). This time round, I had just been watching TV with my wife on a Sunday evening, 19th of January 2000, when at quarter past ten I got a text message: "Dear Dr. Holtherm, I'd like to meet you. You have some skills that are very important to me. Please call me. Jens Spahn." At first of course I thought

someone was having me on. I texted back because it did seem strange to me. I kept it quite formal: "Dear Minister ... and so on. Let's have our offices get in touch tomorrow." I immediately got an answer: "Perfect. Let's do that. Jens Spahn." The following morning – I had just been made commander of the Bundeswehr Hospital in Ulm – I arrive at the office and my secretary says: "Surgeon General, the Minister of Health urgently wants to talk to you." And then a short time later I was invited to go to Berlin, where, after an hour-long talk, I was asked to become the new head of the Directorate-General for Health Protection/Health Security/Sustainability and to head the Crisis Management Team at the same time. I later asked Minister Spahn what had made him think of me. He said: "I was looking for someone with experience of working in a crisis management team. I was looking for someone with proven organisational skills. It had to be someone who had reached a certain level – you just can't put a 25-year-old in a position like that – and someone with ministerial experience.

And if you look around, it really doesn't take long to land on you." That's how it was. And the fact that I wore a uniform and that I was more than welcome to do so was down to the Minister too. He said: "I have no reservations. On the contrary, I have great respect for what the Bundeswehr does and have no problem whatsoever with you performing this role here as a general – in fact I want you to. It's actually quite historic." It was, after all, the first time in the history of the Federal Republic of Germany for an active uniformed general to serve as a head of section in a civilian ministry outside the FMoD.

Masala

So you went to work in uniform?

Holtherm

Yes, every day. I was offered the choice of taking on the role as a civil servant, which would have included allocation to the equivalent salary grade B 9. I slept on it, as we do in the Bundeswehr, spoke to my wife about it, but then I turned down the offer. At least I became a 2-star general.





That's something. And as for the other question regarding the ministry's culture, it did indeed make quite an impression on me. Compared to the FMoD, the Federal Ministry of Health is quite small, more female, and a very agile ministry, or at least it was when I arrived. This could be down to the high proportion of women on staff or because it's quite small. But I also think the culture there is different from that of the FMoD because, with it being a legislative ministry, most of the people working there are lawyers. This means that decision-making channels are very short, proposals and documents are run up the chain very quickly, everything is done electronically during peak periods, no paperwork, even for documentation, and issues are settled directly across different levels. I can only speak very highly of my time there and of the people I worked with in my directorate, in the other directorates and all the way up to the minister. It wouldn't have been possible without their fortitude, expertise, speed, and agility. And so there really was a fundamental difference.

Masala

A follow-up question: Was the culture shock greater for you as someone who had been involved for a long time in typical staff work? Or was the culture shock greater for the personnel at the Federal Ministry of Health?

Holtherm

I think both sides experienced culture shock, though maybe not in the ways you'd expect. When you come to a ministry as a high-ranking military officer to work at the level of a director-general, people tend to make certain assumptions about you. But I obviously defied these expectations, possibly in a positive sense. They were expecting me to have them stand to attention in the mornings, to issues orders, and to then put my feet up. But even in the Bundeswehr we have learned that leadership culture can be different, that you have to interact, and that there is a lot of creativity and motivation at every level which goes untapped or even dries up under more authoritarian and strict leadership. And so I approached things very openly. Of course you have to use a military approach to organising a crisis management team and a situation centre because otherwise things won't work. We succeeded thanks to the support both of the current commandant of the Bundeswehr Command and Staff College and of the Bundeswehr Medical Service, which provided me with several staff officers to organise and support the Situation Centre, where military Standard Operating Procedures (SOPs) come in handy. When situational leadership is called for, which is often the case in a crisis because you are faced with

new challenges every day, you should be able to provide it. I think it reflects well on how the Bundeswehr trains its officers that I was able to defy these somewhat negative assumptions. Perhaps it was a culture shock in that the people at the Federal Ministry of Health thought that I was completely different, that things worked really well, and in that they also overcame some of their reservations about this uniform. As for me, I really respect and was positively surprised about an organisational structure and culture in a civilian establishment that was characterised by agility, speed, flexibility, and few dysfunctional processes.

Sauer

What role do you think the Bundeswehr will play in such pandemic situations in the future? Can, should and will the Bundeswehr be employed again to such an extent for administrative assistance?

Masala

Maybe I could just add something: Is the German silo mentality changing? Will we see skills from other sectors, including the military, being used more in a civilian environment because they are thought to have certain advantages?

Holtherm

I hope so, because this silo mentality of course prevents us from making progress, particularly in complex situations and crises. And we are living in a time of very complex crises with overlapping issues, which are a challenge for us all at the same time. I see myself as "the ice-breaker general". I would say that the fact that Carsten Breuer, the current Chief of Defence of the Bundeswehr, was previously the head of the Crisis Management Team in the Federal Chancellery goes to show that I didn't do a bad job, otherwise they wouldn't have repeated this experiment. It was also a good and important decision to establish this Crisis Management Team at the Federal Chancellery. The Ministry of Health was at a disadvantage.

I was positively surprised about an organisational structure and culture in a civilian establishment that was characterised by agility, speed, flexibility, and few dysfunctional processes.



We are living in a time of very complex crises with overlapping issues, which are a challenge for us all at the same time.

The thing is, at some point you need the authority to determine policy guidelines – and the Chancellery, unlike a single ministry, holds all the strings. The Conferences of Ministers-President have shown this. Another important point is that we can no longer afford to treat natural outbreaks of pathogens, which will continue to occur partly because of climate change, as separate from biosafety issues, that is to say weapons-grade biological agents. We have to address these issues together, not least because of the huge overlap in the areas of expertise required to handle them. Professor Dr. Wölfel, director of our Bundeswehr Institute of Microbiology, was one of the first to sequence the genome of SARS-CoV-2 and one of the first to diagnose monkeypox. Neither of these was a bioweapon. Both of them most likely developed naturally. You are of course aware of the debate over how the SARS-CoV-2 virus emerged. There is a tremendous level of expertise among our researchers and scientists, which will not be accessible to the civilian sector unless we break out of our silo mentality. Professor Dr. Sander and Professor Dr. Witzentrath from the Charité University Hospital in Berlin recently came to our Medical Academy to discuss civilian issues regarding chemical weapons – after all, Navalny was being treated at the Charité after being poisoned with a chemical weapon. In science, we now need not only scientific discourse but also institutional connections. Constitutionally, of course, there are severe restrictions on what the Bundeswehr will, should, and can do in this regard. We play a

subsidiary role as long as such threats occur only in the civilian sector and during peacetime. I believe that's the way things should be. In this respect, we have learnt our lessons from the past. You mentioned administrative assistance earlier, and that's what this is. If the civilian sector isn't getting anywhere with its own resources, it submits these requests, and if we have the required capabilities, we are willing to do what we can. But at present, the Bundeswehr is of course focused on its core mission of national and collective defence – and we have a lot of homework to do in this regard. And so we have to be careful not to lose focus.

Masala

I have a simple but important question: How can our society become more resilient with an eye toward the medical challenges of the future?

Holtherm

The basis for resilience is awareness of the threat we face. That determines our investments in resilience. And so we must be clear that climate change, water scarcity, and population growth, for example, are causing developments in Sub-Saharan Africa which are having an impact on global health. New zoonoses emerge where animals and humans live together in close quarters. Global warming causes insects to appear in new places: malaria, dengue fever, Chikungunya, Zika. You name it. West Nile virus. A global campaign of conquest, so to speak. This is only going to get worse, and we are going to have to prepare to tackle these issues with a resilient healthcare system. In purely

technical terms: hospitals, outpatient care, healthy cities, climate-neutral cities, public cooling centres, these are all things that already exist in other regions of the world. But because it costs money, resilience also requires resources, structures, institutions, and prioritisation. And we will no longer be able to afford to go on exactly as we are today, as an individualised society, a society that focuses on the individual, if we want a generally more resilient society for the health sector. This is what I mean by awareness, and we're going to have to do something to increase this awareness.

Masala

What exactly do you mean when you say "we will no longer be able to afford ..."?

Holtherm

What I mean is that we won't be able to keep up certain things we used to aspire to as consumers – lots of air travel, huge cars that burn lots of fuel. I'm not anti-technology. I think if we can achieve climate neutrality with these things, we will still want to have them. And I feel people have always proven that we can do it. But we have to understand the limitations of our planet's resources. And we must understand that our standard of living here in Western Europe and in North America is considerably higher than it is in three quarters of the world. And we should strive to live not in a world that is polarised, where we isolate ourselves with armed forces and borders and fences, but in a world in which we cooperate to make the best out of it – it's all very, very political.

**Sauer**

One World – One Health.

Holtherm

One Health is an approach that I fully support. It's a concept that brings together veterinary medicine and human medicine. And as I've mentioned before, zoonoses, which are diseases that are transmitted from animals to humans, have included some of the major diseases in recent years: HIV is a zoonosis; SARS-CoV-2 is quite clearly a zoonosis. The enormous problems we have with antibiotic resistance, caused by factory farming and the preventive use of antibiotics, which then causes resistances via the meat we eat – that's a huge topic, a huge pandemic. Yes, that word has been used to describe the situation. And we must understand that we need to change our way of thinking. I'm going to go even further: planetary health. This concept also factors in the environment, which means access to

clean water, the significance of forests on planet Earth. We must come to realise that everything is connected, and this is the responsibility of politicians and scientists like yourself, which is why I'm grateful for this interview as an opportunity to communicate such things. You see, I'm a huge proponent of democracy – difficult decisions must be backed by political majorities. And we'll only get these majorities if people realise that shifting priorities to ensure that our children and our grandchildren get a chance to live a good life is a good and rational thing to do.

Sauer

So how would you rate the state of health literacy in Germany? At the beginning of the pandemic, many people seemed to have no idea and barely knew the difference between a virus and bacteria. Isn't this also a factor we should focus on more closely?

Holtherm

In my opinion: Yes, most definitely. I believe health should be taught in schools, even in primary school, with age-appropriate lessons on its importance and protection and how nutrition, sleep and exercise are its three main pillars. It's not only about the nexus between science and public awareness. In my opinion, the state of health literacy in Germany isn't bad. But there's a lot of room for improvement. We need to improve considerably. This tsunami of fake news and social media bubbles, which are so far removed from anything rational, is quite worrying. And I think that's one of the most important lessons the pandemic has taught us, in addition to everything we can learn from a biomedical perspective. Social media and the damaging impact of fake news on social issues – this a problem that is very difficult to get under control with political means in a society like ours, where freedom of speech prevails.





Masala

Let's talk about the Zeitenwende. This idea of a sea change in the wake of Russia's invasion of Ukraine requires that we consider the possible scenario of a Russian threat against NATO territory, the possible scenario of a military conflict between the Russian Federation and NATO member states or NATO as a whole. A scenario in which many soldiers would be killed or very seriously wounded. A simple question then: Is the Medical Service actually prepared for a scenario of this kind?

Holtherm

No, it is not. I can answer that question just like the Chief of the German Army did. "Is the German Army in a position to meet the challenges such a scenario would bring with it?" No, it is not. Is the Bundeswehr as a whole – in the Minister's own words – currently in a position to master this challenge, this worst-case scenario? No, it is not. In any case, the Bundeswehr will never be able to manage something like that on its own. Nor will the Medical Service. This is why we are in the Alliance and why it's so important that we are and continue to be reliable Alliance partners. We have a great deal to do in this respect. But at this point I'd like to praise the Medical Service. In international crisis management operations, the German Medical Service has achieved a standard of care that puts us right at the top in terms of quality of medical care. That really is true. Look at our Bundeswehr hospitals. Their primary purpose is not to provide care to the civilian public but to train our medical personnel, from nurses to Operating Room (OR) technicians to the chief of neurosurgery, who then use their expertise to provide medical care to military personnel on deployments. They work to high standards. We get them to this level so that they can provide quality care to our soldiers on deployment in Lithuania, Estonia, or possibly in Romania. This definitely puts us at the top in Europe and near the top among our North Atlantic partners.

We should strive to live not in a world that is polarised, where we isolate ourselves with armed forces and borders and fences, but in a world in which we cooperate to make the best out of it.

Sauer

Can you name some key indicators in this regard?

Holtherm

I can. One indicator is the standard of the healthcare provided. The aim of the Medical Service is to provide all military personnel who are injured or wounded on deployment with medical care that leads to the same outcome as if they had sustained traumatic injuries in Germany in, let's say, a serious car accident. And this is something we can guarantee. We are all familiar with the terms rescue chain, golden hour and so on. And now to the scenario you mentioned in connection with the *Zeitenwende*: 100, 200, 300 patients per day requiring surgery in a high-intensity combat situation with an equal adversary – this presents us with huge challenges. And that's what we're working towards for the Medical Service of the future. That is the standard against which we will have to review our operational doctrine, which was well suited to international crisis management but may have to be adapted for such processes because otherwise we will never have the necessary resources. In connection with resilience, this means that we have four and a half Bundeswehr hospitals. Well, five. One of them is a civilian-military cooperation. Would these hospitals be

enough to admit such a huge number of casualties? Never ever! Would all the hospitals in Germany be enough to cope with such a high number of casualties? Maybe, if the processes are used to capacity. Would Germany as a hub be enough to also provide medical care to American, Canadian, Polish casualties? Most definitely not at present. I think overall national resilience requires that we think about these things. And while we're only talking about the health sector here, the same surely applies to the financial sector and the energy sector as well. We need to discuss these things now. Constitutional changes are probably necessary regarding health security and preparedness legislation. We have laws for war, for the conventional state of defence. As far as war is concerned, Germany has learnt lessons from its catastrophic past which are reflected in the legislation of our Basic Law, our constitution. Because we have learnt from experience what a country needs in such situations. But if NATO's mutual defence clause is invoked, that's not a war on German soil. We still have some work to do in that respect. The current coalition agreement states that this subject is on the agenda.

Sauer & Masala

Major General Holtherm, thank you for talking with us today.



The German Medical Service has achieved a standard of care that puts us right at the top in terms of quality of medical care.

Interview



Major General (MC) Dr. Hans-Ulrich Holtherm

Major General (MC) Dr. Hans-Ulrich Holtherm has served as the Commandant of the Bundeswehr Medical Academy in Munich since December 2021. His 40 years of service have been shaped by his assignments at the interface between medical expertise in health protection and leadership responsibility. He has brought his expertise to bear on more than ten deployments abroad in support of international crisis management operations and humanitarian aid. At the beginning of the COVID pandemic, he headed the newly founded Directorate-General for Health Protection, Health Security and Sustainability at the Federal Ministry for Health as well as the Health Ministry's Crisis Management Team.

IMPRINT

Publisher

Metis Institute
for Strategy and Foresight

Bundeswehr University Munich

Web: metis.unibw.de

X: @metis_institut

The interview was conducted by

Prof. Dr. Carlo Masala

PD Dr. Frank Sauer

metis@unibw.de

Creative Director

Christoph Ph. Nick, M.A.

zum-staunen.de

Image credits

Cover:

"A German Navy soldier wearing full CBRN protective clothing decontaminates an ambulance in Eckernförde as part of the exercise Toxic Fish 2018, 25 April 2018."

© Bundeswehr/David Hecker

Source: <https://www.flickr.com/photos/bundeswehrfoto/>;
Background image part on the left supplemented with
Adobe Photoshop (Beta) Generative Fill function (AI)

Interview Photos:

Press Officer SanAkBw

Original title

*Pandemiebewältigung, Resilienz und die
Zeitenwende*

Translation

Federal Office of Languages

ISSN-2627-0609

This work is licensed under the Creative Commons Attribution 4.0
International License.

