NATO operations have expanded in recent years, and the old Cold War concept of "every nation provides its own medical support" is no longer tenable, nor is it NATO policy. In the future, NATO medical care will often be provided on a multinational basis, especially in case of emergencies such as NATO response to natural or man-made disasters or to terrorist actions. Even though deployed military personnel are usually young and relatively healthy, this is not the case for all those who may be provided care by NATO medical personnel. The pressures to "shorten the logistics tail", coupled with the shortage of trained cardiologists in most of our nations, has and will continue to preclude the routine deployment of Cardiologists to all NATO operational missions. However, the need to provide services during these missions remains very real. Even following a natural disaster or exposure to toxic agents, the ability to distinguish a cardiac event from other causes of chest pain can be life-saving, and appropriate diagnosis will lead to improved survival, reduced inappropriate use of medical capabilities, and decreased inappropriate evacuation of patients.

This book summarizes the current state of Telecardiology as presented by the member participants totalling nearly 60 individuals and representing over 16 NATO and Partner for Peace nations.
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