

“ORGANISATION FOR THE IMPLEMENTATION OF CO-OPERATION BETWEEN DEFENCE AND PARTNER HOSPITALS”

Colonel R. van der Meer MD, RNLA

Abstract

After the fall of the Berlin Wall there were major reductions in the Dutch Armed Forces that imposed changes in the system of provision of medical personnel for operations. Due to the abolition of compulsory military service, a closed military hospital was no longer reasonable for all the needs.

A mixed system of professional military and reserve officers, all working in civil partner hospitals, and capacity in the military hospital now serves as a new model.

A specific training program has been developed.

The results of the project will be presented, as well as data about operational aspects.

The model is designed specifically for the Dutch situation but can be of interest for other countries that face deficits in operational medical specialized capacity.

Biographical data

Rob van der Meer was born 13 July 1956 in Amsterdam, the Netherlands.

He obtained his medical degree in 1981 at the Free University of Amsterdam and entered military service immediately.

He served in several positions as a practising physician and entered management jobs later on.

After commanding a Hospital Company and jobs in medical plans and policy he started as the project manager of cooperation between defence and partner hospital, in the office of the Surgeon General.

He has been a member of several NATO groups, e.g. the Working Group on Emergency Medicine of COMEDS and the General Medicine Working Group of MAS/IMS.

He is specialized in the field of Public Health and since 1996 he holds the rank of Colonel.

He is married with Veliye and the father of 3 girls.

“INTEGRATED DEVELOPMENT ENTREPRENEURIAL ACTIVITIES, IDEA, A GOOD IDEA!”

Lt.Colonel (R) D.P. Scherjon, RNLA

Abstract

IDEA, a good idea?

About two years ago for the first time a team of three Dutch reserve officers (a banker, an accountant and a small business consultant) arrived in Bosnia to assist local entrepreneurs. At the moment, more than 120 reservists have worked in this region – most of them for a period of approximately five weeks - and in total more than 330 entrepreneurs have used their experience. The background of this programme is that – many years after the war – non-traditional military means are needed to create a stable situation: no guns, tanks and jets, but knowledge, technology, networks and business partnerships. The idea of IDEA ("Integrated Development of Entrepreneurial Activities") is that a stimulating business environment is crucial for a new future for Bosnia. It wants to work "bottom-up": a lively business environment "asks" more-or-less for regulations, which is more effective than legislation being imposed on them. IDEA is part of a military operation, because it helps commanders to create a "safe and secure" environment. It helps that these reservist are dressed in a uniform, because of the positive imago SFOR has. IDEA adds value to the SFOR operation, which in the end helps to withdraw.

The first phase of IDEA in Bosnia has been an intensive consultancy programme, where entrepreneurs have been coached on a one-to-one basis. The second phase of the project focuses on local capacity building. In this phase we organize management courses for entrepreneurs, teach consulting skills for local bankers and invite Bosnian entrepreneurs to take part in an exchange programme with Dutch companies.

The motivation for the Dutch government, the military commanders, the individual reservist and his family, his employer and others will differ, but they all agree that the project is successful; for Bosnian entrepreneurs, for the country, for the individual reservists, his employer and other participating organisations. The co-operation locally with NGO's en IO's is very good, because these organisations don't have the expertise the professionals of IDEA can deliver. It is a very cost-effective and stimulating programme, which can be implemented in other regions quite easily. In Bosnia we are working with colleagues from the UK and Canada in trying to get co-operation of the ground. This had shown to be a difficult route, because national development policies differ. For Afghanistan an extensive plan has been developed, in which the US and German forces were keen to participate. IDEA hopes to show its ambition for Iraq as soon as possible.

Biographical data

Dick Scherjon (1955) headed the small firms department of KPMG in the Netherlands when he developed the plan for IDEA. Two years ago he decided to join the Netherlands Federation of Industries VNO-NCW to bring the IDEA project to a national level. At the moment all Dutch banks and main accountancy firms – and many individual consultants - are involved in the project. Mr. Scherjon studied at the Department of Business Administration (Groningen University), after he served as a officer (conscript) with the Royal Netherlands Army. In 2002 he has been promoted to the rank of Lieutenant-Colonel (AAA). At VNO-NCW he is responsible for the co-operation between industry and defence, besides his work for fast growing companies and family business. Mr. Scherjon has written several books on small business issues, teaches an option on small firm management, is member of the Ernst&Young "Entrepreneur of the Year" contest, vice-chairman of the War Trauma Foundation and on the board of two charity organisations.

“BIOLOGICAL WEAPON USE“

Col Ronald Harris

Abstract

1. HISTORICAL PERSPECTIVES
 - a. Middle Ages
 - b. 18th and 19th Century
 - c. 20th Century

2. WHAT BIOAGENTS CONSISTUTE A BIO-WARFARE PROGRAM
 - a. Most common agents used and defenses against their use
 - b. Other potential bio-agents use and defenses against their use
 - c. Future bio-warfare agents

3. THREAT ASSESSMENT OF MODERN DAY PROGRAMS
 - a. Which countries have programs
 - b. Which countries have suspected programs
 - c. Non-state supported programs

Biographical data

Dr. Harris was born and raised in Boston, Mass. He received his M.D. degree from Tufts University School of Medicine in Boston. He did his specialty training at the Columbia University Presbyterian Hospital in New York City. He also completed the Leadership for Clinical Chairmen course at the Harvard University School of Public Health.

Among his honors have been election as a Fellow of the American College of Radiology and a Fellow of the Society of Uroradiology and Associate Fellow of the Royal Academy of Science (UK).

He has been the author of over 50 refered medical journal articles and has been the author of 6 medical textbook chapters.

Dr. Harris first joined ROA in 1995 and elected as President of Chapter 57 in 1998 and has been just re-elected President for 5th year. He was elected as President of the State of California ROA in 2000. Col Harris was elected to the position as National Surgeon in 2000 and for a second term in 2001. He received the “ROA Outstanding Member Award” for 2001-2002 and the ROA “Outstanding National Security Writer Award” for 2001-2002 and ROA National Brigade of Volunteers. In 2002 he was elected to a 2 year term as ROA National Air Force Exceutive Committeeman.

In 1995, he was recommissioned as a Lt Colonel in the Air Force Reserve as an IMA and was a member of the staff of the USAF 22nd Medical Hospital at March AFB until its closure. He then served as an IMA to the hospital commander at the 95th Wing Hospital at Edwards AFB and was the project lead for converting the Medical Recovery for the Space Shuttle program to the reserve component. Because of his expertise about anthrax disease he was assigned to the Office of the Surgeon General at Bolling AFB in Washington DC in 2000. Dr. Harris is now assigned as the Deputy Director for Reserve and Medical affairs at the Off ice of the U.S. Army Surgeon General, Military Vaccine Agency (MILVAX Agency) in Falls Church, VA. Col Harris was awarded the Air Force Commendation Medal for Meritirious Service in June 2002. He graduated from the Air Force Air University Air War College in September, 2002. He was promoted to Colonel in January.

“CHEMICAL WEAPONS AND TERRORISM“

Major Walter Boers, RNLA (Netherlands NBC Knowledge Center)

Abstract

not received

Biographical data

not received

“TRAINING OF EXPERTS AND INSPECTIONS“

Mr. Dominique Werner, Head Arms control Section of the NC-

Abstract

not received

Biographical data

ot received

**“MILITARY AND CIVILIAN DISASTER MANAGEMENT”
STATUS QUO AND INVOLVEMENT OF RESERVE PERSONNEL IN GERMANY**

Major (R) Dr. Roland Schnurpfeil (NBC-forces German Army)

Abstract

not received

Biographical data

not received

“ORGANISATION OF THE CCRF”

Lt.Col C.S.T. Page MBE, Scots guards

Abstract

not received

Biographical data

not received

“AIDS vaccine research in South Africa”

Capt. Andrew Robinson SAM

Abstract

HIV Vaccine Rationale, based on the history of vaccines and the need for an effective HIV vaccine as the best hope of curbing the HIV epidemic.

HIV Vaccine development, outlining the approach to the development of an effective and affordable HIV preventative vaccine, based on the classic vaccines and the current molecular approaches.

The South African response to HIV vaccine development through the **South African AIDs Vaccine Initiative** (SAAVI) initiative.

Issues of **Community involvement** necessary for the HIV vaccine clinical trials.

Biographical data

NAME ANDREW KEN LACEY ROBINSON		POSITION TITLE Director Durban HIV Vaccine Research Unit Public Health Medicine Specialist Consultant	
EDUCATION/TRAINING			
INSTITUTION AND LOCATION	DEGREE	YEAR(s)	FIELD OF STUDY
University of the Stellenbosch, Cape Town, South Africa	MB.ChB.	1981	Medical degree
Nelson Mandela Medical School, University of Natal, South Africa College of Medicine South Africa	D.H.S.M. FCCH. (SA)	1991 1994	Diploma in Health Services Management Public Health Medical Specialis

PERSONAL

Married to Helen, an Occupational Therapist.
Three children aged 18 months, 13 and 17 years.

PROFESSIONAL EXPERIENCE

1982	Medical Intern at Grey's and Northdale Hospitals, KwaZulu-Natal, South Africa.
1983	Senior House Officer (SHO) Medical Ophthalmology, St Thomas' Hospital, London, UK. SHO Plastics, Burns and Casualty Surgery, Queen Victoria Hospital, West Sussex, UK.
1984 & 1985	Solo General Practice, Pietermaritzburg, KwaZulu-Natal, South Africa.
1986 & 1987	Medical Officer (MO) Christ the King Hospital, Ixopo, KwaZulu-Natal, South Africa.
1988 & 1989	Senior House Officer (SHO) General Surgery, Wharfedale General Hospital, (Leeds Academic Hospital complex) West Yorkshire, UK.
1990	Senior Medical Officer (SMO), GJ Crookes Hospital, Scottburgh, KwaZulu-Natal, South Africa.

1991	Commissioned Officer, South African Medical Health Service, South African National Defence Force. BATLS trained - 2001.
1992-1994	Registrar, Department Community Health, Nelson Mandela Medical School, University of Natal, Durban, South Africa.
1995	Communicable Diseases Manager, City of Durban. Responsible for the development of the Cyril Zulu Communicable Disease Centre.
1996 – 1999	Deputy Director/Medical Officer of Health, City of Durban. Delegated Communicable Diseases and Environmental Health Control responsibilities for Durban Metropolitan region.
2000 – 2001	Medical Advisor, GlaxoSmithKline, South Africa. Anti-infectives R&D and marketing support.
2002 to date	Director HIV Vaccine Research Unit at the MRC, Durban, South Africa. Responsible for Phase I, II and III HIV Vaccine Clinical trials in the KwaZulu-Natal region.

PROFESSIONAL COMMITTEE MEMBERSHIPS

1. Natal Registrars Association – Secretary
2. Infection control committee, Addington and Wentworth Hospitals, Durban, South Africa
3. Post Graduate Committee of the Faculty Board, Nelson Mandela Medical School, Durban, South Africa
4. National Health Management Training Advisory Group
5. Facilitating co-ordinator of New Provincial Health Structures, Planning Symposium
6. South African Society of Occupational Medicine (SASSOM)
7. South African Medical Association (SAMA)
8. South African Association of Pharmaceutical Physicians (SAAPP)
9. South African HIV Clinicians Society
10. Clinical Trials Task Group of the Medicines Control Council(CTTG)
11. Protocol co-chair HIV Vaccine Research Centre of the NIH
12. Senior Scientific Committee of the HIV Vaccine Trial Network (HVTN)

PROFESSIONAL COMMITTEE CHAIRMANSHIPS

1. KwaZulu-Natal Rabies Epidemic Control
2. KwaZulu-Natal Control of Diarrhoeal Diseases
3. Durban City Health Department Occupational Health and Safety
4. Durban City Health Department Disaster Management
5. Pharmaceutical Services Rationalisation Durban Region
6. Primary Health Care Research Funding: DOH for KwaZulu-Natal region
7. KwaZulu Natal HIV Vaccine Forum

“REPORT GERMAN MILITARY HEALTH CARE SYSTEM IN AFGHANISTAN”

OTA DR. HEYL

Abstract

In Spring 2002, I spent almost 3 months in Kabul as Senior Medical Officer, PrevMed, of the GE/NL/AUT/DAN Contingent (KABUL Multinational Brigade, KMNB). Another 4 weeks I spent there in Spring 2003.

My presentation will illustrate

Aspects of living within Camp WAREHOUSE

- Sanitary problems
- Waste disposal
- Food hygiene, field kitchen problems
- Environmental problems
- Animals
- Communicable diseases
- Other health threats

Aspects of the City of Kabul

- Traffic
- Mines
- Food traders
- Men and women

Hospitals in Kabul

- Military hospital
- Civilian police hospital

Perspectives

Biographical data

Born: 14 March, 46, Offenbach am Main (Hessia)

Family: married, 11 children

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D - 53343 Wachtberg - Fritzdorf
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Office: Sanitaetsamt der Bundeswehr
Dachauer Strasse 128 D – 80637 Muenchen
tel: 0049 – 89 – 1249 7500
fax: 0049 – 89 – 1249 7509
e-mail: gerhardhey1@bundeswehr.org

Civilian education:

Apr 67 - Dec 72	study of medicine at University of Wuerzburg
Apr 73 - Apr 74	Internship
May 74	approbation as General Practitioner
Mar 75	Doctor´s degree (MD)
Dec 81	qualification as Public Health Specialist
Jun 83	course Tropical Medicine

Oct 85 qualification in Occupational Medicine
Jun 93 course Environmental Medicine

Military Assignments:

Oct 65 - Mar 67 18 months (conscript) in an Engineers Btln,
qualifying as reserve officer
Jul 74 - Jun 76 re-entry in the Army (Captain MC)
S 3 Division Surgeon 12th Tank Div
Jul 76 - Sep 79 Brigade Surgeon 35th Infantry Brig (Maj MC)
Oct 79 - Sep 84 MOD, Med Directorate, responsible for Hygiene and
Public Health affairs of the Bundeswehr (LtCol MC)
Oct 84 - now Bundeswehr Medical Office, head of Dept PrevMed
(since Jan 85 Colonel),
Senior Medical Officer, PrevMed, of GE Armed Forces

86 - 97 Chairman of COMEDS Working Group on MilPrevMed,
since 98 GE representative (ordinary member)

“CANADA’S CIMIC OPERATIONS IN BOSNIA HERZEGOVINA”

Captain D.J. Myles

Abstract

CANADA’S CIMIC OPERATIONS IN BOSNIA HERZEGOVINA

This presentation will give an overview of the Canadian CIMIC (Civil Military Co-operation) activities on Operation Palladium - Roto 11, which was the deployment of the 1st battalion of Princess Patricia’s Canadian Light Infantry Battle Group to Bosnia from September 2002 – April 2003. During the six months, the Canadian CIMIC contribution included electrification; water supply; winterization; veterinary clinic; community centre; medical clinic and school upgrade projects.

In addition to the projects started and completed by the CIMIC teams, they also co-ordinated and distributed humanitarian aid to the local population. At the mid-point of the tour the CIMIC teams were re-organized into MOST (Monitor Observation Surveillance Teams), this was developed because of the probability of future reductions of NATO troops in BiH. Other points that will be covered are the composition and training of the teams prior to deployment and the distribution of the teams to meet the commander’s mission and CIMIC priorities.

Biographical data

Captain Myles’s military career began in 1983 when he joined the army reserves as a member of the Seaforth Highlanders of Canada. He returned to the Army Reserve in 1991 when he joined the 11(Victoria) Medical company as a medical assistant. In 1993 he received his commission to 2nd Lieutenant and was employed as the assistant company training officer. Following his promotion to Lieutenant he was given command of a medical platoon and in 1999 became OC Med Coy. In 2001 Lt. Myles was promoted to Captain and was attach posted to the Victoria CIMIC (Civil Military Co-operation) detachment. He deployed on Operation Palladium to Bosnia – Herzegovina and was employed as the Canadian Battle Group Liaison Officer to the Multinational Brigade Headquarters Northwest, MNB(NW).

Outside of military, Captain Myles interests include fishing, hunting, climbing and scuba diving. He enjoys travelling to various locations around the world to experience the many different cultures.

Captain Myles was born in Zwiebrucken, Germany, where his father served as a pilot with the Royal Canadian Air Force. This saw him growing up in Belgium, Germany, Canada and the United States of America. He currently lives in Victoria, Canada where he works for the City of Victoria

“TRIAGE: JUST ABCs? “

Col. Walter Henny MD

Abstract

The process of triaging is influenced by a large number of factors. In order to perform triage as effectively as possible, a “tiered system” has been developed. In that system there are strong parallels with the “derivatives of ATLS” as have been described for use in austere environments.

Biographical data

Walter HENNY

date of birth	: 9 June 1945
civil state	: married, 2 children
1963 - 1971	: medical training, Utrecht University, Holland
1971 - 1973	: national service, 1st Lieutenant (R) Battalion surgeon, 102 Bat., Army Service Corps
1973 - 1980	: surgical training, Municipal Hospital Rotterdam
1980 -	: surgeon, University Hospital Rotterdam
present mil.affiliation	: chief of triage, 420 Field Hospital
1985 - 1999	: member of the Board, Neth. First Aid Soc
1985 -	: member of the Editorial Board, Neth. First Aid Soc
1980 - 1983	: member of the Board, Neth. Medical Reserve Officers Association
1983 - 1991	: president, Neth. Medical Reserve Officers Association
1985 - 1991	: member of the Board, Royal Neth. Reserve Officers Association (medical services)
1991 - 1998	: member, Army Committee, Royal Neth. Reserve Officers Association
1981 - 1983	: member, CIOMR (NL) delegation
1983 - 1994	: chairman, CIOMR (NL) delegation
1986 - 1994	: secretary, Scientific Committee CIOMR
1992	: chairman, Organizing Committee CIOMR Congress
1992 - 1994	: president-elect, CIOMR
1994 - 1996	: president, CIOMR
1996 -	: secretary general, CIOMR
1997 -	: CIOMR Representative in COMEDS WG on Medical Training
1997 -	: CIOMR Representative in CIOR PFP Committee
co-author (leading)	: various Government First Aid Manuals : various Field Medical Manuals (Army)
instructor	: Battlefield Advanced Trauma Life Support (BATLS) (NL)(UK)(SA) (triservice) : Advanced Trauma Life Support (ATLS) (NL) (civilian) : Emergency Management of Severe Burns (EMSB) (civilian) : Major Incident Medical Management and Support (MIMMS) (NL) (civilian) : National ATLS Medical Coordinator (NL) (civilian)

“THE CANADIAN RESERVE MEDICAL OFFICER IS AN INTERESTING COMMODITY TO BOTH THE MILITARY AND CIVILIAN ORGANISATIONS TO WHICH THEY BELONG”

Maj. Sunil Sookram MD, FRC

Abstract

The Canadian Reserve Medical Officer is an interesting commodity to both the military and civilian organizations to which they belong. The skills and experiences gained during the dual lifestyles can complement themselves and can be reflected in both civilian disaster and military operational settings. It is this duality that will be discussed through my experiences in a Canadian disaster response and my participation in a recent deployment to Sipovo, Bosnia-Herzegovina.

In July 2000, an F4 tornado struck a filled campsite outside of Edmonton, Canada. Although, military resources were activated eventually to help with the latter part of the recovery phase, acute management of the ensuing chaos was in the hands of regional assets of the Emergency Medical System. The incorporation of operational medicine principles was employed to ensure rapid triage and management of the casualties. Expeditious transport to regional tertiary care centres was organized and a civilian “chain of evacuation” was established and maintained despite the expected challenges that occurred during the critical first 12 hours of the disaster response.

Following this experience, I was asked to participate in a deployment to the R3MIMU in Sipovo, Bosnia-Herzegovina as the Resuscitation Area physician. As an Emergentologist in a Canadian tertiary care hospital, the opportunity to practice consultant-level Emergency Medicine within a multinational hospital environment readily complements my civilian practice. An appreciation of variations in practice styles between the North American and European physicians was gained. I was given opportunities to organize and participate in mass casualty exercises and continuing medical educational programs. Patient management was not limited to military personnel, but also the local civilian population. This was very fulfilling and enlightened me to the effect of destruction of infrastructure that occurs as a result of conflict and how it influences health.

These rewarding experiences exhibit how the dual lifestyles of the reserve medical personnel can optimize both their civilian and military professions. The two lifestyles can complement one another and allow an individual to become a better physician.

Biographical data

Education

1996-2001 Royal College of Physicians and Surgeons of Canada **Emergency Medicine** Program
University of Alberta FRCPC
1992-1996 Queen’s University M.D.
1989-1992 McMaster University B.Sc. in Biochemistry *Summa Cum Laude*

Positions Held

Staff Emergency Physician, University of Alberta Hospital
Staff Pediatric Emergency Physician, University of Alberta Hospital-Stollery Children’s Health Centre
Medical Director Edmonton Emergency Response Department
Transport Physician, STARS Canada
Clinical Lecturer, University of Alberta
Augustana College Paramedicine Medical Advisory Board Member

Educational Experiences

- National Emergency Medical Services Physician Association Medical Director’s Course 2002
- Advanced Hazmat Life Support Instructor
- Canadian Association of Emergency Physicians Resident Leadership Award 2001

- Associate Editor (Residents Section) CJEM 1999-2001
- Attended Emergency Preparedness Canada Disaster Planning for the Health Services Course
- ATLS, BCLS, ACLS, Flight Nurse Advanced Trauma Course instructor, NRP certified
- Canadian Forces Flight Surgeon Course
- Critical Incident Stress Debriefing Course
- Basic Officer Training Canadian Forces and qualified BCT and ICT Health Care Administrator
- familiar with Trauma/Anesthesia Computer Simulator completed Simulator Operator and Programmer Courses and mobile STARS Human Patient Simulator
- lecturer University of Alberta: Emergency Medicine Course for medical school; Toxicology Course for Medical Lab Sciences MLSCI 466
- Staff Advisor University of Alberta Emergency Medicine Club

“Overview of the United States Air Force Medical Service’s new International Health Specialist (IHS) program” (part 1)

Col. Arnyce R. Pock

Abstract

This presentation will provide an overview of the United States’ Air Force Medical Service’s new, International Health Specialist (IHS) program. The International Health Specialist program is an innovative, operationally focused program designed to provide a cadre of military medical personnel who possess the unique combination of regional medical expertise, in depth cultural awareness and proficiency in one or more languages indigenous to a particular region of the world. A total force initiative, members of the IHS program reflect a diverse, multi-disciplinary mix of individuals from the Active Duty, Air National Guard and Air Force Reserve components and includes both officer and enlisted personnel. This important initiative places medical personnel at the “tip of the spear” for global engagement; it also allows them to help facilitate enhanced military to military and military to civilian alliances--to include those involving international, non-governmental and private volunteer organizations.

Biographical data

Lieutenant Colonel (Dr.) Arnyce R. Pock is the Director of the Air Force Medical Service’s International Health Specialist program and is currently assigned to the Office of the Air Force Surgeon General in Washington, D.C. A 1985 graduate of the Uniformed Services University of the Health Sciences (also known as the military medical school), she is board certified in Internal Medicine and represents the Air Force Medical Service to the American College of Physicians-American Society of Internal Medicine (ACP-ASIM) by serving as Governor for the Air Force chapter.

“OVERVIEW OF THE UNITED STATES AIR FORCE MEDICAL SERVICE’S NEW INTERNATIONAL HEALTH SPECIALIST (IHS) PROGRAM” (PART 2)

LTC Morales

Abstract

see above

Biographical data

not received

“SÉROPRÉVALENCE DES MARQUEURS DES HÉPATITES VIRALES A,B, ET C PARMIS LE PERSONNEL MILITAIRE EN SERVICE DANS LA RÉGION PIÉMONTAISE (ITALIE)

Lt-col (R) Dr. Gaetano Di Vincenzo

Abstract

Objectifs. Evaluer le risque d'epatitr virale A, B et C pour le personnel militaire et établir un bilan de la politique vaccinale contre les hépatites A et B.

Méthodes. L'étude a concerné tout le personnel militaire qui a été examiné pour les marqueurs des hépatites pendant une année par le laboratoire d'analyses du Centre Militaire de Médecine Légale Alessandro Riberi de Turin. Les marqueurs évalués ont été les suivants: anticorps totaux anti-virus de l'hépatite A (Anti-VHA), antigène de surface du virus de l'hépatite B (Ag HBs), Anticorps anti-HBs (Anti-HBs), anticorps anti-antigène core du virus de l'hépatite B (Anti-HBc) et anticorps totaux contre le virus de l'hépatite C (Anti-VHC).

Résultats. La séroprévalence observée pour l'hépatite a été très faible. Les données pour l'hépatite A et B ont été analysées par stratification sur l'âge et corrélées à la politique vaccinale.

Biographical data

Le présentateur, **Lt-col(R) Dr Gaetano Di Vincenzo** est officier de la Réserve de l'Armée Italienne depuis 1974. Il a passé son doctorat en Médecine et Chirurgie en 1969. Spécialiste en Pédiatrie et en Médecine du Sport, il est médecin généraliste du Service Sanitaire National.

“THE RADIOLOGY OF BIOTERRORISM”

Capt. Matthew G. Hudkins

Abstract

This presentation is entitled “The Radiology of Bioterrorism,” and it discusses the medical imaging findings of the major biological weapons. The presentation discusses some presenting clinical symptoms and describes the radiological workup of such entities. The goal of the presentation is to aid physicians of all specialties to recognize imaging patterns to suggest diagnoses such as smallpox, anthrax, and so forth.

Biographical data

Matt Hudkins is a 3rd-year radiology resident at Tulane Hospital in New Orleans, LA. He is a member of the USAR and is currently inactive.