CIOMR Mid Winter Meeting 2008

CIOMR Réunion d'hiver 2008

Scientific Programme

Friday, 15 February 2008

Queen Elisabeth Quarters – Evere (Belgium)
Block 4 - Malmedy Meeting Room

Programme scientifique

Vendredi 15 février 2008

Quartier Reine Elisabeth – Evere (Belgique)
Bloc 4 - Salle Malmédy

0900 **Arrival - Installation / *Arrivée – Installation***

0910 **The Voluntary Udder Health Sanitation Program in Bavaria.**
Klaus Fehlings

0930 **Le véhicule d'Intervention Risques Technologiques des marins pompiers de l'Ile Longue**
Gérard Halley

0950 **Le Dossier Médical Opérationnel Individuel**
Jacques Fondu

1010 **La formation du réserviste dans une optique de prévention des maladie en déploiement**
Daniel Boislard

1030 **Coffe break**

1050 **La formation militaire initiale des réserves à l'École Nationale de la Santé Publique**
Yves Harel

1110 **Preparation of ADF Health Reserves for Deployment**
Graeme Shirtley

1130 **Preparation of Reservists for Active Duty**
Stephan Hofmeister

1150 **Improving the Dental Readiness of Army Reserve Forces in the Pre Deployment and Post Deployment Phases of the Mobilization Process**
Robert J. Kasulke

1210 **Operation Cobra Gold 2006**
Deborah Nelson

1230 **Lunch**

1410 **JMC**

1430 **Emergency planning with regard to the Mosul Dam in Iraq**
Donna Barbisch

1450 **The Role and Responsibilities of Mobile Military Medical Treatment Facilities, Intented to Provide Care in Cases of Crisis in Bulgaria and Abroad**
Kamen Kanev

1510 **"Training elite troops in individualised stress management techniques"**
Alexander van Ackeren

1530 **Tricentenaire du Service de Santé des Armées en France 1708 - 2008**
Christian Le Roux

1550 **Deployment of British Army Reservists on Op TELIC 5 (Oct 2004 - May 2005): Expectations, experiences and the impact upon retention**
Roger Wheaton

1610 **COMEDS & PfP reports**
Walter Henny

1630 **Preparation and Flight Testing of a Prototype Modular and Compact Critical Care/Resuscitation/Surgical Suite for Operational Medicine**
Andrew Kirkpatrick

Simultaneous translation English – French - *Traduction simultanée anglais – français*

EACCME

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To CME activity Director/Provider:
Dr Hermann C. Römer
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D – 45276 Essen

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Yours sincerely,

Dr B. Maillet

„The Voluntary Udder Health Sanitation Program in Bavaria”.

K. Fehlings

Bavarian Aniamal Health Service Dep. Udder Health Service, Germany

The task of the Udder Health Service in Bavaria acts as a control and consulting centre between dairy farms, dairy and veterinary practitioners.

The service developed a EU permitted countrywide offered project to assure good milk quality and food safety named: *Udder Health and Protection of Udder Health in Bavarian Dairy Farms.* Tests and investigations performed by technicians and veterinaries cover housing, general and specific milking hygiene, milking equipment and its technical condition including cytological status of all cows in milk. Quarter milk samples are taken and evaluated from all lactating cows. Detailed written findings are sent to the farmer and the respective veterinarian in order to provide reliable support, to start necessary treatment and adequate hygiene measures and to clear specific technical problems.

In 16 years in Bavaria up to 178,842 farm visits were carried out and about 2,518,200 cows and 11,476,700 milk samples were investigated cytological and bacteriological.

Biography

Date/place of birth:	December, 7, 1948/Düsseldorf	
Military Service:	July 1968 – Dec. 1969	German Army, 1975 Vet. Officer
College:	Oct. 1969 – Nov. 1974	School of Veterinary Medicine, Hannover

Degrees:	Jan. 1975	Veterinarian
	Dec. 1976	Doctor Medicinae Veterinariae
	Nov. 1980	Specialist (Fachtierarzt) for Cattle
	March 2005	Diplomate of the European College of Bovine Herd Health Management (Dip. ECBHM)
	December 2006	Appointment as a Professor for Production Medicine and Udder Health at the Clinic for Obstetrics and Gynecology, Ludwig-Maximilians-University of Munich

Professional activities

1977 – 1980	Assistant, Clinic for Cattle, School of Veterinary Medicine Hannover
Since Nov. 1980	Veterinarian in the Bavarian Animal Health Service (TGD)
Since Jan. 1992	Head of the Department for Udder Health Service, (TGD)
Since Apr. 1994	In addition Head of a regional station (TGD-Günzburg)
Since May 2004	In addition Vice-Chairman and Vice-Veterinary Head (TGD)

Selection of special professional activities:

Since Jan. 1992 Member of the Committee of Experts for "Subclinical Mastitis" German Veterinary Medical Society (DVG)

Since 2001 Chairman of the working group "Udder Health" of the Expert group "Milk Hygiene", (DVG)

Since May 2002 Chairman of the working group for Milk Production, Udder Health and Milk Hygiene in the Alpine Countries (AFEMA)

Since April 2002 Member of the Panel of Experts for Veterinary Drugs of the Bavarian Ministry for the Environment, Health and Consumer Protection

Since 2003 Chairman of the Committee of Experts for "Subclinical Mastitis" (DVG)

Since July 2003 Member the Committee of Experts for Meat, Food and Milk Hygiene of the Bavarian veterinary surgeon chamber

Since 2003/2004 Teaching assignment in the Department of Hygiene and Technology of Milk, School of Veterinary Medicine, Hannover and at the Clinic for Obstetrics and Gynecology, Ludwig-Maximilians-University of Munich

Since November 2005 Member of the Panel of Experts for Animal Production of the Bavarian Ministry for Agriculture and Forestry

Tricentenaire du Service de Santé des Armées en France 1708 - 2008

Médecin en Chef ® Christian LE ROUX
Vice-Président de l'Union Nationale des Médecins de Réserve

ORSAC du CIRAM de PARIS
DRSSA BREST

Biographie

Gastro-Entérologue, Radiologue, Ancien Chargé d'Enseignement clinique à la Faculté de Médecine Paris Ouest, le Docteur Christian LE ROUX est Chef de Service à l'Hôpital du Vésinet.
Vice Président (Mer) de l'Union Nationale des Médecins de Réserve, il est Auditeur de l'Institut des Hautes Etudes de Défense Nationale et occupe depuis 1987 le poste de Conseiller Santé auprès du Commandant du Centre d'Instruction des Réserves de la Marine à Paris. Il a participé à la cellule d'organisation des congrès de la CIOMR en France : Paris en 1991 et Strasbourg en 2002. Il a été représentant permanent de la Délégation française aux sessions de la CIOMR sans interruption de 1995 à 2006. Vice Président du Comité F.A.C.
Médaille d'Honneur du Service de Santé des Armées. Chevalier de la Légion d'Honneur.

« Le véhicule d'Intervention Risques Technologiques des marins pompiers de l'Ile Longue »

PC (R) Gérard Halley
DRSSA Brest – France
halleypharm@wanadoo.fr

La Base opérationnelle de la Force Océanique Stratégique française est située sur le site de l'Ile Longue près de Brest et a pour mission principale d'assurer la mise en condition et le maintien de la disponibilité des Sous-marins Nucléaires Lanceurs d'Engins français. Elle dispose donc de moyens de surveillance et d'intervention adaptés.

A côté des moyens classiques, le Véhicule d'Intervention Risques Technologiques (VIRT) est une unité mobile spécialisée inédite conçue pour faire face aux différents types de risques radiologiques ou chimiques liés à ce site de 100 hectares qui comprend un port, deux bassins de carénage, des ateliers de réparation, une zone de pyrotechnie ainsi qu'une zone de vie.

Le VIRT met à la disposition des intervenants tous les appareils de protection, de mesure et de contrôle pour faire face à ces différents risques technologiques.

Preparation of Reservist for Active Duty"
How can different national approaches be understood?
How can we learn from each other?

German / US Reserve Officer Exchange Program - a milestone in mutual understanding for Reserve Officers?

Dr. med. Stephan Hofmeister
GP and Internal Medicine in Private Practice, Hamburg

Readiness, physical and mental fitness of reservists are hard to maintain and control. Each country has different approaches as to how they activate and occupy their reservists.

Not just language barriers but different training, materials, standards, ROEs and even political presets are always a risk for the mission. Minimum requirement for working, living and fighting together is common knowledge of skills and weaknesses of partners. How can we improve this knowledge?
I am looking at the yearly Ger/US ResOffzEx to find out whether this could be a role model to more insight.
Visits to
- Pentagon
- CVN USS Eisenhower
- Force Medical Officer U.S. Marine Corps Forces Command
- Naval Master Jet Base, Oceanas

The problem of close cooperation with allies in "no play" scenarios is evident. The program can help closing "information gaps". Maybe more nations should consider a program like this?

Dr. med. Stephan Hofmeister
GP and Internal Medicine in Private Practice in Hamburg
Palliative Care Specialist
Associated Teacher for the University of Hamburg Medical School

Married to Bettina Hofmeister
two children (Laetitia 3, Thaddäus 5)

Military Career
Active Duty:
1995-1997 Ship´s surgeon, Destroyer Flotilla, German Navy
1997-1998 2nd Naval Air Wing

Reservist Activity:
Instructor ultrasound
Flight Surgeon
Diving Medicine German Navy Medical Institute
Medical Ops Officer Surgeon General of the Fleet
Medical Ops officer Medical Regional Command 2

THE ROLE AND RESPONSIBILITIES OF MOBILE MILITARY MEDICAL TREATMENT FACILITIES, INTENTED TO PROVIDE CARE IN CASES OF CRISIS IN BULGARIA AND ABROAD

Aleksandar Dimitrov, MD, Stamen Chupetlovski,MD,PhD,
Kamen Kanev,MD,PhD, Velichko Dragnev,MD,PhD
MILITARY MEDICAL ACADEMY - SOFIA

The role, importance and significance of medical support during peacekeeping operations and humanitarian missions has been pointed out. The contribution of the Military Medical Academy involving the establishment of a Military Medical Detachment for Emergency Response (MMDER) has been noted. The tasks, structure and capacities of the MMDER for providing medical care for troops in peacekeeping operations and for the civilian population in cases of major industrial and natural disasters are given in details. The experience of MMDER in real situations in Bulgaria and abroad and the conclusions of recent participation in Iraq, Afganistan, Kosovo and Bosnia has been presented. The possibilities of using MMDER as a basic model for the creation of mobile autonomous medical treatment facilities with structure and tasks matching specific working conditions and timing have been discussed.

THIS PRESENTATION WILL FOCUS ON THE SUCCESSES OF ONE OF THE PEACE SUPPORT MULTINATIONAL HUMANITARIAN SERVICE EXERCISES THAT RECURS IN MAY OF EACH YEAR IN THE KINGDOM OF THAILAND

Operation Cobra Gold 2006

Deborah Nelson, CAPT USN (Ret)

Region: Southeast Asia
Deployment: Operation Cobra Gold

From 1981 to present, Operation Cobra Gold has been an annual exercise designed to improve combat readiness and combined-joint interoperability between services and developing cross-cultural understanding among participating nations. Cobra Gold is an ongoing combined and joint exercise conducted between Thailand and the U.S. military that facilitates There are three major parts to the exercise: A peace support operations-based staff exercise involving a Thai led UN authorized multinational combined task force, a series of humanitarian civic action projects, and several field training exercises involving U.S. and Thai forces.

The following countries were invited: Australia, Bangladesh, Brunei, Canada, China, Fiji, France, Germany, India, Italy, Korea, Malaysia, Mongolia, Nepal, Papua New Guinea, Russia, the Philippines, Sri Lanka, Tonga, the United Kingdom, and Vietnam.

Tasking of Cobra Gold 2006 was the responsibility of Naval Hospital Great Lakes Headquarter Reserve Unit led by CAPT Sel C. Myers. Preparations took a full year of planning. The majority of the 60 member team was from the Midwest with augmentation as necessary from other services. The Veterinarians came from the Army.

10 MEDCAPS (MEDICAL CAPABILITIES) will be reviewed: Medical Services, Dental Services; Physical therapy; Optometry; Veterinary Services with multiple graphic photos.
A brief highlight of cross-cultural awareness focusing primarily on Bhudism and Thai children.

Cobra Gold is an annual multilateral exercise U.S. and Thai armed forces have participated in for 26 years. Started as a bilateral exercise in 1982, Cobra Gold has expanded to include several U.S. and Thai partners in the Pacific region, including Singapore, Japan and Indonesia More than a dozen additional countries, including ten that are part of a Multinational Planning Augmentation Team, are observing Cobra Gold.

Exercise planners have expanded their focus on peace operations. In addition to improving multi-national interoperability and demonstrating the United States' ability to deploy a joint task force rapidly to conduct joint, combined operations, participants will also focus on conducting transition planning with a United Nations force.

Australia, Brunei, South Korea, Italy, the United Kingdom, India, Bangladesh, Malaysia, Sri Lanka, Thailand, and Mongolia are all participating MPAT countries. France, Germany, South Korea, the Philippines, and China will also be a part of the exercise as observing nations.

"These personnel broaden the Cobra Gold training experience by providing different perspectives on CTF operations," said Col. John O'Hey, assistant chief of staff, Cobra Gold training and operations. "The observer program allows non-exercise participants an opportunity to see what this valuable training exercise has to offer and how it contributes to regional security."

Alexander A. Arvizu, deputy chief of mission, U.S. Embassy, Thailand spoke about how the exercise has evolved over the years to accommodate the ever-changing missions in the Pacific region.

"Cobra Gold has evolved from being a strictly bilateral joint exercise to a truly multilateral event designed to enhance our ability to respond to peace enforcement and peacekeeping responsibilities under the United Nations."

A UN planning cell comprised of personnel from Thailand, Singapore, Japan and Indonesia is a key training audience involved in the exercise.
“The UN planning cell adds a whole new dimension to Cobra Gold by providing a training partner that has its own dynamics, mission and operating procedures,” said Capt. Tipnant Dorne, Royal Thai military deputy chief of planning for the exercise.
Cobra Gold is the U.S.’s largest multilateral exercise in the region and offers the more than 20 participating countries critical training opportunities to improve interoperability and capability in conducting multinational operations.
While the MPAT and UN planning cell contribute to the overall training during Cobra Gold, there are three major parts to the exercise: A peace support operations-based staff exercise involving a Thai led UN authorized multinational combined task force, a series of humanitarian civic action projects, and several field training exercises involving U.S. and Thai forces.
“For over a quarter century, Cobra Gold has been the most visible symbol of United States and Thai military cooperation,” Arvizu said. “Cobra Gold makes the militaries of each of our countries better able to operate.”
The importance of the training received during Cobra Gold was evident a few years ago when many of the exercise’s participating countries joined together for real world operations.
“In November 2004, at the final CG planning conference; Thai, American, Japanese and Singaporean officers worked closely together in developing an understanding of each others capabilities,” said Arvizu. “Two months later after the Indian ocean tsunami spread devastation throughout Southeast Asia, scores of these same officers were working together to save lives. Their ability to work together was due in no small part to their having fostered relationships and developed skills under Cobra Gold.”

Deborah Nelson, CAPT, USN (Ret).
Nurse Practitioner Family Medicine in Salinas, CA
Salinas Valley Memorial Healthcare System President Board of Directors
Executive committee of California Hospital Association
Past military accomplishments: 3 command tours; Developed Reserve Weekend Surgery Program; Naval War College Non-Resident Course; Adjunct faculty National Defense University for Reserve Components National Security Course; Member of six selection boards; Seven year EXCOM member of Credentialing and Privileging Activity; Seven Humanitarian Missions; Veteran of VietNam, Operation Desert Storm and Gulf War on Terrorism.
Personal military awards include Meritorious Service Medal.

“Improving the Dental Readiness of Army Reserve Forces in the Pre Deployment and Post Deployment Phases of the Mobilization Process”

Major General ROBERT JOHN KASULKE (USAR)

Deputy Surgeon (IMA), Mobilization, Readiness and Reserve Affairs
Office of the Surgeon General
Falls Church, Virginia 22041-3258
since March 2005

The lack of minimal standards for Dental readiness of our Component 2 and Component 3 (Army Reserves and Army National Guard soldiers) has been the most frequent cause of medical holds at the mobilzation sites.

I will discuss the statisitcs that are involved with the complexity of this issue and the changes in predeployment dental care systems which have recently been devised and are now offered to those who are in the post alert- premobilization phase of their activation cycle.

I will also discuss the current systems that are being utilized to return dental status to acceptable standards upon the return of the soldier to the United States and before his/her departure from the demob site back to their homes and civilian status.

Data has been obtained from those soldiers who have been analyzed for dental readiness in the subsets affected before these changes and those impacted by the new methodology.

The statistical data are obtained from the US Army Reserve and US Army National Guard mobilzation data bases.

These data will show a distinct improvement in the dental readiness of those service members who are utilizing this new system as compared to the previous one.

Using these new dental readiness systems in premob and postmob dental evaluation and treatment , there has been a noted improvement to the premobilization dental readiness and return to acceptable dental standards (in the post mob period) of these soldiers.

SOURCE AND YEARS OF COMMISSIONED SERVICE
Direct, Over 25

CURRENT OCCUPATION
President, Robert J. Kasulke, MD, PC, Watertown, New York

MILITARY SCHOOLS ATTENDED
Army Medical Department Officer Basic and Advanced Courses
United States Army Command General Staff College
United States Army War College

EDUCATIONAL DEGREES
Fordham University - BS Degree - Biology
Syracuse University Maxwell School of Citizenship and
Public Administration - MPA Degree - Public Administration
State University of New York, Syracuse, College of Medicine -
MD Degree - Medicine

FOREIGN LANGUAGE
None recorded

PROMOTIONS DATES OF APPOINTMENT

Rank	Component	Date
CPT	USAR	11 Jun 80
MAJ	USAR	15 Nov 83
LTC	USAR	14 Nov 90
COL	USAR	28 Jun 96
BG	USAR	14 Jan 02
MG	USAR	01 Jul 05

MAJOR DUTY ASSIGNMENT

FROM	TO	ASSIGNMENT
USAR - NOT ON ACTIVE DUTY		
Jun 80	Jul 81	General Surgeon, 5503d United States Army Hospital, Columbia, Missouri (Jun-Jul 81, non-rated)
Aug 81	Jan 84	General Surgeon, 912th Combat Support Hospital, Johnson City, Tennessee Student, Combat Casualty Care Course, Fort Sam Houston, Texas (Jan 83, ADT)
Jan 84	Aug 84	Control Group
Aug 84	Aug 92	Commander, Hospital Units 1, 2 and 3, 310th Field Hospital, Malone, New York
Aug 92	Aug 93	General Surgeon, 376th Combat Support Hospital (Hospital Unit Base), Malone, New York
Aug 93	Aug 94	Chief of Surgery, 376th Combat Support Hospital (Hospital Unit Surgical), Liverpool, New York
Aug 94	Aug 95	Commander, 376th Combat Support Hospital (Hospital Unit Surgical), Liverpool, New York
Aug 95	Aug 99	Commander, 4218th United States Army Hospital, Liverpool, New York
Aug 99	May 01	Commander, 865th Combat Support Hospital, Utica, New York
May 01	Mar 05	Commander, 8th Medical Brigade, Brooklyn, New York
Mar 05	Jul 05	Deputy Surgeon (IMA), Mobilization, Readiness and Reserve Affairs, Office of the Surgeon General, Falls Church, Virginia

SUMMARY OF JOINT EXPERIENCE

DATE	RANK	ASSIGNMENT

None

US DECORATIONS AND BADGES

Legion of Merit
Meritorious Service Medal
Army Commendation Medal (with 2 Oak Leaf Clusters)
Expert Field Medical Badge

As of 3 March 2006

" Training elite troops in individualised stress management techniques"

Alexander E. van Acker

Neuro-psychiatry, Avenue Louise, 503 BRUSSEL, B-1050

Too often Military Intelligence is associated with assessment of the enemy, however, as we know from all times, knowledge about the state and morale of your own troops is as important.

The armed forces do a good job in general stress management techniques, an extra, individualised approach can add a bonus to this.
Especially in elite units there is still a practical taboo about individual stress sensitivity. This blocks a more efficient stress management at the individual level.
An approach at platoon level was tried with :
first a short, practical introduction to stress and what it does to a person,
secund an introduction to the power of positive vs negative thinking
third an introduction to the Schultz relaxation method and to meditation
fourth an introduction to telephone stress management, handling panicky phone calls from the family back home
Some feed back was already collected and will be shared for discussion.

Biography

Alexander E VAN ACKER,
Born in Gent in 1950
Medical Doctor degree from Gent State University
Specialisation in neuropsychiatry in Holland (Leiden Univ Clin), Deutschland (Köln Univ Clin), England (London Univ Clin) and Belgium (Leuven Univ Clin)
Work experience in USA (NYC & Salt Lake City), Australia (Melbourne-Austin Repatriation Hospital & Cairns Tropical Diseases H.), Germany (München-Harlachingen Hosp & Bonn-Venusberg Univ Hosp), South Africa (Bloemfontein Univ Hosp)
Now directs his private practice group (14 people)
Military experience: Belgian Military Hospital in Cologne, Battle Stress cell member, under Med Col A. Bellens, PTSD specialisation, Stress on mission, Stress in training (boot camp, infantry & pilots), Stress levels assesment, Retainment problems.
Talks given : in London on Eating disorders in 82, different talks to GPs and colleagues over the years on different psychiatric topics.
Military talks: At CIOMR in Vienna, Brussels, Gent; at the World Military Medicine Conference in St Petersburg, Russia; at AMSUS in Nashville & San Antonio.

La formation militaire initiale des réserves à l'École Nationale de la Santé Publique (Rennes)

Colonel (CTA SSA) Yves Harel

Intention :
Présenter aux délégués de la CIOMR réunis à Bruxelles en février 2008, l'initiative prise en France de susciter des candidatures d'officiers de réserve du corps technique et administratif au profit du service de santé des armées, de les former au cours de leur formation professionnelle initiale à l'École nationale de la Santé Publique.
Le plan de cette communication pourrait être le suivant :
Présentation de l'ENSP (École Nationale de la Santé Publique)
Évolution vers l'EHESP (École des Hautes Études en Santé Publique)
Le projet FMIR : programme de formation
Les deux premières promotions : présentation, commentaires
Résultats attendus :
Affectation auprès de formations du SSA
Perspectives d'extension de l'initiative à d'autres écoles

Présentation de l'auteur :
Colonel Yves Harel
directeur d'hôpital
à l'Assistance publique – Hôpitaux de Paris
Président d'honneur de l'ANORCTASSA
Vice-président d'honneur du GORSSA
Président de l'Association des Officiers et Réservistes de Paris
Représentant de la FPH (Fonction publique hospitalière)
au CSRM (Conseil supérieur de la réserve militaire)
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« La formation du réserviste dans une optique de prévention des maladie en déploiement »

Lt Daniel Boislard , CD, RN
52e Ambulance de Campagne, Canada
Centre de Santé et Services Sociaux du Val-Saint-François, Canada

Dans une optique pré déploiement il est bon de mettre tout en place pour permettre au militaire de garder une bonne santé en lui faisant développer de saines habitudes de vie. La prévention devient donc une arme de choix pour permettre lors des déploiement une santé optimale du militaire diminuant du même coût les demandes de soins dans des les zones de combat.

Les saines habitudes de vie étudiées qui seront développé dans cette présentation sont : la saine alimentation, la cessation du tabagisme et la consommation modérée d'alcool.

Recherches sur les statistiques comparatives dans le milieu civil sur les modèles de promotion de la santé et prévention des maladies.
Adaptation des méthodes et application de celles-ci dans un domaine militaire.

Les statistiques canadiennes au niveau de la population générale démontre une diminution des maladies associées à de mauvaises habitudes de vie ce qui produit une diminution des coûts relié aux soins à donner à la population.

Des programmes peu coûteux peuvent être mis en place facilement par des moyens comme des conférences et des affiches publicitaire pour développer chez les militaires des saines habitudes de vie.

Le Lt Daniel Boislard est infirmier de profession il a joint les rang de la 52e Ambulance de Campagne en 1986 à titre d'adjoint médical. Il a été instructeur à L'École du Service de Santé des Forces Canadiennes en '95, '96 et '97. Il a pratiqué comme infirmier au Canada et en Suisse dans des services d'urgence et de traumatologie. Il est Chef d'Administration de Programmes au CSSS du Val-Saint-François pour les départements de services généraux à la population. Il occupe présentement le poste de commandant du peloton d'entraînement à l'ambulance de campagne de Sherbrooke.

Preparation of ADF Health Reserves for Deployment

RADM Graeme Shirtley RFD RANR
Surgeon General Australian Defence Force

This presentation will discus the problems that the Australian Defence Force (ADF) faces in preparing it's health reserves to deploy. The ADF has no health specialists in the permanent armed forces and thus all deployments requiring role three or more health support are manned by reserves.

I will discus issues of screening medicals, vaccinations, physical fitness tests and dental examsinations as determinants of suitability to deploy and how these are delivered in a cost constrained environment to professionals who often do not belong to formed units. I will also discus ADF predeployment training as it relates to mental health issues and resilience training.

I will also discus educational courses to train our health professionals to deliver health care in remote and austere environments rather than teaching hospitals.

SURGEON GENERAL AUSTRALIAN DEFENCE FORCE

DEFENCE PERSONNEL EXECUTIVE
DEFENCE HEALTH SERVICE BRANCH

My abbreviated CV is as follows:

*Graduated in Medicine (MB,BS) from University of New South W
* Diploma in Diagnostic Radiology (DDR) 1979
*Fellowship Royal Australian and New Zealand College of Radiologists (FRANZCR) 1980
*Fellow in Radiology Royal North Shore Hospital Sydney 80-81
*In private radiology practice in Sydney since.
*Senior VMO Sydney Central and Eastern Breast Screening program 1990-2001
*Appointed as Adjunct Assistant Professor of Radiology and Nuclear Medicine at the Uniformed Services University of Health Sciences Bethesda Maryland USA in 2002
* Awarded US Navy and Marine Commendation Medal and also US Navy Achievement
*Member Association of Military Surgeons of USA (AMSUS) International committee,
* Chairman CT Accreditation Guidelines and Quality Control Committee of RANZCR till 2005
* Radiology representative on Medicare Participation Review Committee for the Commonwealth Government

*Joined RAN in 1970
* First 5 years as a sailor
* Commissioned 1975
* Awarded Reserve Force Decoration (RFD) 1986
*Appointed Assistant Surgeon General Australian Defence Force- Navy (ASGADF-N) in Sept 02
* Chairman ADF Medical Imaging Consultative Group till 2005
* Appointed SGADF and promoted RADM 09 May 2005
* Only medical sailor to ever be promoted to Rear Admiral
* Appointed Adjunct Assoc Prof at the University of Queensland in the Centre for Military and Veterans Health Feb 2006
* Currently studying for a Masters in Legal Medicine
* Married with 3 children; Laura, Mark and Ian
* Sporting interests: Golf, sailing, tennis and windsurfing Oct 2007

Preparation and Flight Testing of a Prototype Modular and Compact Critical Care/Resuscitation/Surgical Suite for Operational Medicine

A.W. Kirkpatrick[1234], J Wang[5], M Keaney[6], M Groleau[6], M Tyssen[6], CG Ball[2], T Broderick[7]
[1]Canadian Forces Primary Reserve, [2]Regional Trauma Services, Department of Surgery[3] & Critical Care Medicine[4], University of Calgary, Canada; Flight Research Laboratory[5], National Research Council of Canada, Ottawa, Canada, University of Ottawa[6], Ottawa; University of Cincinnati[7], USA

Space medicine is developing medical hardware to permit life-saving surgery during a potential mission to the Moon or Mars. Equipment must be modular and compact requiring solutions pertinent to the Canadian Forces. Exsanguination is the most common cause of death in combat, with survival of potentially lethal injuries depending simply on the availability or non-availability of simple surgical care. This surgical care, which often includes truncal hemorrhage control, mandates the provision of anesthesia and surgical equipment. Recently a multi-disciplinary group investigated the conduct of minimally invasive surgery in parabolic flight, on-board the National Research Council of Canada's research aircraft. The humane provision of surgery in this setting required a modular critical care/resuscitation/surgical suite that would physically fit in a small business jet platform.

The cabin dimensions were 1.5 by 1.5 metres, dimensions more representative of rotary wing air-ambulances than larger NATO fixed wing aircraft. This compact platform provided critical care physiologic monitoring of multiple vital signs, full intravenous anesthesia with three constant infusion intravenous pumps, mechanical ventilation with blended gradients of oxygen, laparoscopic visualization and surgical capabilities with a monitor, carbon dioxide insufflator, light source, and miniaturized camera with duplicative digital video disc (DVD) recording capabilities. All materials were commercial off the shelf (COT), but each was physically dismounted from the original commercial housing or configuration and re-mounted in a spatially efficient manner, designed to allow access by both the anesthesia/resuscitative as well as the surgical care providers. The cabin dimensions available for this medical care was confined by a 1.5 metre wide and 1.5 metre high limitation, dimensions more representative of rotary wing air-ambulances than larger NATO fixed wing aircraft.

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This innovative critical care/surgical platform, constructed from COT medical hardware, provided a conceptual and physical prototype for an efficient rotary wing air-mobile resuscitative surgical capability that could go forward to the earliest sites of preventable combat death. With non-traditional and small group conflicts with extended evacuation routes increasingly likely in the future, further development of mobile but comprehensive surgical platforms are necessary to save lives.

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