

Confédération Interalliée des Officiers Médicaux de Réserve
Interallied Confederation of Medical Reserve Officers



Summer Congress 2010 – Stavanger (Norway)
Congrès d'été 2010 – Stavanger (Norvège)

Scientific Programme
Programme scientifique

Abstracts of presentations
Résumés des conférences



CIOMR Summer Congress 2010
CIOMR Congrès d'été 2010

09.08.10 Monday

0830-16.00 *Combat 1. AID Training
Workshop "Major Incident Medical Management and Support"*

1500-1730 *Board Meeting*

Registration for all Delegates

10.08.10 Tuesday

0830-0930 *Board Meeting VP only*

0930-1200 *Executive Committee Meeting – first part*

1300-1500 *Committee Meeting OMC, Scientific, Audit*

1500-1700 *Opening Ceremony*

1900-2100 *NROFs Reception Seabouses*

11.08.10 Wednesday

0800 *OMC and LOAC Test*

1900-2300 *HIS Majesty The King's Guard, Chod Norway - Reception*



CIOMR Summer Congress 2010
CIOMR Congrès d'été 2010

Scientific Programme

12 08 2010

0830 - 1700

Programme scientifique

12 08 2010

0830 - 1700

- 0830 **The war surgery course. Ballistics for everyman and the scientist.**
Pillgram-Larsen
- 0915 **How to teach war surgery to peaceful civilians : the animal lab.**
Pillgram-Larsen
- 1000 ***Coffee break***
- 1030 **Infrastructure destruction and human casualties caused by modern. Part I**
Gilbert
- 1200 **Lunch 12.00 – 13.30**
- 1330 **Infrastructure destruction and human casualties caused by modern. Part II**
Gilbert
- 1500 **Visit to Laerdal Company.**
Braathen
- 1900 **CIOMR Dinner – separate Registration**



CIOMR Summer Congress 2010

CIOMR Congrès d'été 2010

Scientific Programme

13 08 2010

0830 - 1230

Programme scientifique

13 08 2010

0830 - 1230

- 0830 **Disaster Medicine and the Military : The Dutch Way.**
Henny
- 0855 **Tour D'Horizon of Activities of NATO Comets Dental-Service-Expertal-Panel.**
Kosel
- 0920 **Rapid Deployment of a Surgical Unit in Natural Disaster Zones Haiti, January 2010.**
May
- 0945 **Examination and Archiving of Dental Data for Overseas Deployment and Identification.**
Nuzzolese
- 1010 **Coffee break / Poster Session**
- 1035 **Dental Implant Rehabilitation of Pilots in the German Military Forces.**
Otto
- 1100 **The Role of Acupuncture in a Cataclysmic Disaster.**
Pock
- 1125 **French Joint Health Services and Identification of Victims in Major Disasters.**
Rallon
- 1150 **Bringing it all back Home – Trauma Lessons from Iraq and Afghanistan.**
Ryan (Cox)
- 1230 **Lunch 12.30 – 13.30 / Poster Session**



CIOMR Summer Congress 2010
CIOMR Congrès d'été 2010

	Scientific Programme	Programme scientifique
	13 08 2010	13 08 2010
	1330 - 1730	1330 - 1730
1330	How Branding Increases Visibility of CIOMR. <i>Springer</i>	
1355	Canadian Forces Health Service Reserves : Vertigal Integration Success. <i>Stevens</i>	
1420	Whole Blood or Blood Components in War Trauma Patients. What is your Choice? <i>Stienstra</i>	
1455	A Scientific and Academic Approach to the Study and Analysis of the Physical and Mental Health Problem Affecting Mobilized Reservists. <i>Kasulke</i>	
1530	Coffee break / Poster Session	
1600	Psychological Need of Relaunching the Idea of European Officers? <i>Van Acker</i>	
1625	„French Military Concept for Humanitarian Assistance. The Role of Reserve Medical Officers“. <i>Clerc</i>	
1700	Discussion/Poster Session <i>Stienstra</i>	
1730	Transport	
1930	Rogaland Country Reception	
14.08.10 Saturday		
0830	Executive Committee – second part	
1100	Hand over Formalities	
1200	Lunch	
1300	Closing General Council – Change of Presidency	
1900	Closing Dinner	

„French Military Concept for Humanitarian Assistance. The Role of Reserve Medical Officers“.

Lionel Clerc ¹, Luc Guillou ²

¹*Office of the Surgeon General, Paris, France*

²*Office of the Surgeon General, Paris, France*

Humanitarian Assistance is an old tradition of the French Military Medical Service (MMS) whose frame is defined by several documents of the French doctrinal corpus. Since 1999, the MMS no longer has facilities dedicated to humanitarian assistance. For the sake of economy of assets and limitation of the operational stand-by forces for this kind of mission, the capabilities for medical support of the forces are now used, possibly completed by specific technical modules (obstetric, pediatric ...). The available capacities belong to the Medical Task Force Stand-By System as part of operational effects to get fixed once the initial assessment of the situation has been carried on. The contribution of the MMS is not planned of long duration, its commitment being only the complement of the action of the other actors (NGOs, IOs ...). It should therefore be limited to a minimum level and be soon transferred to civilian organizations.

In the context of restricted dedicated capabilities and short term missions, the role of the officers of the reserve is important. They can take into account the technical aspects in specialties not essential to the main mission of the MMS for which it retains a limited expertise (obstetrics, pediatrics, forensic ...). They also complete the active duty personnel in other areas necessary in disaster medicine (resuscitation, surgery ...). However, the limiting factor remains the short notice of triggering humanitarian missions.

„Le concept militaire français d'assistance humanitaire. Place des officiers de réserve du service de santé“

Lionel Clerc ¹, Luc Guillou ²

¹*Direction centrale du service de santé des armées, Paris, France*

²*Direction centrale du service de santé des armées, Paris, France*

L'assistance humanitaire est une tradition ancienne du service de santé des armées (SSA) dont le cadre est fixé par plusieurs documents du corpus doctrinal militaire français. Depuis 1999, le SSA ne dispose plus de structures dédiées à l'action humanitaire. Dans un souci d'économie de moyens et de limitation des permanences opérationnelles, il emploie désormais pour ce genre de mission les structures de soutien médical des forces, éventuellement complétées de modules techniques spécifiques (obstétriques, pédiatriques, ...). Les capacités disponibles sont donc prélevées à partir du Dispositif santé de Veille Opérationnelle (DSVO) dans le cadre d'effets à obtenir déterminés une fois l'évaluation initiale de la situation réalisée. La contribution du SSA ne doit pas s'inscrire dans la durée, son engagement n'intervenant qu'en complément des autres acteurs (organisations non gouvernementales, organisations internationales, ...). Elle doit donc être limitée au strict minimum et faire rapidement l'objet d'un transfert aux organisations civiles.

Dans ce cadre d'économie de moyens dédiés et de missions de courte durée, la place des officiers de réserve est importante. Ils permettent de prendre en compte l'aspect technique dans des spécialités non indispensables à la mission principale du SSA et pour lesquelles il ne

conserve qu'une expertise réduite (obstétrique, pédiatrie, médecine légale, ...). Ils complètent également le personnel d'active dans les autres domaines nécessaires en médecine de catastrophe (anesthésie-réanimation, chirurgie,...). Le facteur limitant reste cependant le faible préavis de déclenchement des missions humanitaires.

Biography

Colonel Lionel CLERC was born in 1964 in Aubenas (France).

He is the Head of the International Branch, Office of the Surgeon General of the French Military Medical Services, since April 2008.

Col. CLERC is a Physician. He is a graduate from the University of Lyon, as a General Practitioner, since 1990. He is a specialist in Medical Management and Logistics. He is also a graduate from the Joint Staff and Services College, Paris, and from the Army Staff College, Compiègne. He holds a MS in Management of Health Systems, Paris Panthéon-Sorbonne, and a BS in Public Administration, Paris/Poitiers. He is also certified in Disaster Medicine, Lyon, NRBC Staff Officer, Caen, Joint Medical Planner, Senior Medical Staff Officer and NATO Logistics, Oberammergau.

His career assignments included turns as Medical Officer, 3rd Infantry Regiment, Nîmes and 5th Infantry Regiment, Beynes. He then served as Staff Officer at the Organization and Operation Directorate, Office of the Surgeon General of the French Military Medical Services, since 1998. He was in charge of International Relations, and involved in COMEDS organization in 1999. He planned and managed the medical support of French operations in Africa, East Timor, Bosnia, with SFOR, Kosovo, with KFOR, and Afghanistan, with ISAF. From 2003 to 2008, he has been assigned as Deputy Head of Human Capital Department, Office of the Surgeon General of the French Military Medical Services, in charge of the management of the physicians serving in the Army and the Gendarmerie (Military Police).

In 2005, he served in Kosovo as Brigade Surgeon of the Multinational North East Brigade. His operational duties lead him also to Djibouti (1993), Chad (1995), and Tunisia (2001).

Col. Clerc awards include the National Merit Order (Ordre National du Mérite), Overseas Medal (Médaille d'Outre Mer), National Defense Medal (Médaille de la Défense Nationale), Médaille de la Reconnaissance Française, Médaille commémorative Française, NATO non article 5 Medal.

Col. CLERC is married and gets two daughters.

Disaster Medicine and the Military: The Dutch Way

Col Walter HENNY MD

Introduction

The Dutch Military has 3 main tasks:

- Defence of the Realm
- Maintenance of the International Order in its widest sense
- Support of the civilian authorities in case of disasters

In the context of the 3rd task the Dutch Military has synchronized its procedures with the civilian ones, and reservists are involved in their execution

For the handling of major incidents/mass casualty situations during missions abroad the Dutch Military has recently adopted the same procedures, and a major training effort is under way, in which also reservists are involved

At the NATO/COMEDS level discussions are ongoing, in order to have the training format promulgated as a STANAG

Discussion

Aspects of the above will be presented and discussed

Biography

Colonel HENNY is a retired general surgeon, formerly of the University Hospital Rotterdam, the Netherlands.

After completing his national service in 1971 – 1972 he remained involved in military medicine as a Reservist. At present he is part of a training group, preparing military medical personnel for deployment to Afghanistan.

His life-long interest has been acute care, both inside and outside the hospital, by doctors and other medical personnel. His second interest is medical education.

Colonel HENNY has been active in CIOMR since 1981, serving in several positions: Secretary of the Scientific Committee, President, Secretary General, Secretary of the Operational Medicine Committee, Chair of Continuing Education.

He represents CIOMR in the COMEDS Expert Panel on Military Medical Education since 1998.

A Scientific and Academic Approach to the Study and Analysis of the Physical and Mental Health Problem Affecting Mobilized Reservists

Major General Robert J. Kasulke MD MPA FACS
Commanding General, US Army Reserve Medical Command

Introduction: Until recently, there have been numerous academic and scientific groups who are studying the physical and mental health issues that are affecting our mobilized reservists. For the most part, these studies have been organized and worked on by special interest groups who are focused on single issues that are pertinent to their respective specialties.

The results of these studies are fragmented (based upon the input of these isolated specialized interest groups) and do not reflect a global view of all of the issues simultaneously. This year, the University of Utah (Salt Lake City) has developed a combined approach to assessing these problems with most of the effort coming from its School of Psychology and Behavioural Health and the Law school.

Utah has a very stable population and has approximately 18,000 Veterans from WW2 to the current conflict among its citizens.

The research protocols are designed so that the studies will be long term, blinded and subject to rigorous statistical analysis.

Results: There are no results as of yet, as the actual work is just about to begin, but this effort will represent the first scientific, academic study of this population group. The results will be non- biased and statistically valid. The data points will be gleaned from long term study and analysis.

As the data is developed, we may better understand these issues and develop programs that may mitigate many of the problems that are associated with deployment (E.G. PTSD, etc.).

Discussion/Conclusion: There is no conclusion as of yet, but the goals of the study design are outlined above.

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

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

<u>Rank</u>	<u>Component</u>	<u>Date</u>
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

Major General ROBERT JOHN KASULKE (USAR)

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

„Tour d´horizon of activities of NATO COMEDS DENTAL-SERVICE-PANEL”

Christoph Hemme

¹Sanitätsakademie Munich, Germany

Within the North Atlantic Treaty Organization(NATO) there are different institutions that deal with various topics. Among them, the committee of the Chiefs of Military Medical Services in NATO (COMEDS) is advising NATO´s Military Committee on military medical matters regarding policies, doctrines, concepts, procedures, techniques, programmes and initiatives affecting NATO.

The Dental-Services-Panel within the COMEDS structure is staffing doctrine and procedures on techniques, on tasks and on the interchange of information for all aspects of dental and maxillofacial care in the operational environment.

Examples of current EP-DS topics/activities are presented in order to encourage the further development of international contacts between defence forces dental services.

Rapid Deployment of a Surgical Unit in Natural Disaster Zones Haïti, January 2010

Philippe May¹², Jean Catineau², Christian De Canlers², François Valette³

¹*Hôpital Saint Louis - Paris, France*

²*Service Médical – UIISCI*

³*Unité d'Instruction et d'Intervention de la Sécurité Civile N°1 – Nogent le Rotrou - France*

Introduction

The massive earthquake of January 12, 2010 struck the Caribbean nation of Haïti.

The French president decided to send rescue and medical teams from the civil defense military unit. On January 18, a field hospital, called ESCRIM (fast civil defense medical unit), was fully operational.

Méthodes utilisées

This unit consisted of one advanced medical post, a hospitalization sector, the surgery room and the living zone. Initially, the hospital activity used 140 persons including one surgeon and one anaesthetist to allow a surgical activity to happen. One week later, an airborne surgical unit reinforced this set up.

Résultats

In one month, the activity report was as follows: 2300 consultations, 1554 hospitalizations, 216 surgeries, 1 birth, 8 deaths and 43 airborne transfers.

Discussion/Conclusion

It was an extraordinary humanitarian mission with a maximum intensity in the first week, during which the French rescue and medical teams demonstrated their ability to rapidly deploy into disaster areas and to develop good relationships with the population in order to optimize medical treatment and psychological support.

Introduction

Le 12 janvier 2010, un séisme massivement destructeur a frappé la nation caribéenne d'Haïti.

Le président Français a décidé l'envoi des équipes de secours et médicales de la sécurité civile. Le 18 janvier, un hôpital de campagne: l'ESCRIM (Élément de Sécurité Civile Rapide d'Intervention Médicale), était opérationnel.

Méthodes utilisées

L'ESCRIM était composé d'un poste médical avancé, d'un secteur d'hospitalisation, d'un bloc chirurgical et d'une zone de vie. Initialement, l'activité de l'hôpital a utilisé 140 personnes dont un chirurgien et un anesthésiste afin de soutenir l'activité chirurgicale. Après une semaine, une antenne chirurgicale aéroportée a renforcé ce dispositif.

Résultats

Après 1 mois d'activité, le bilan a été le suivant: 2300 consultations, 1554 hospitalisations, 216 chirurgies, 1 naissance, 8 décès et 43 transferts hélicoptérés.

Discussion/Conclusion

Ce fut une mission humanitaire hors norme, d'intensité maximale durant la première semaine, au cours de laquelle les équipes de secours et médicales Françaises ont démontré leur capacité de projection rapide en zone de catastrophe et d'établir des relations humaines de confiance afin d'optimiser le traitement médical et le support psychologique.

Examination and archiving of dental data for overseas deployment and identification“.

E. Nuzzolese¹, M. Nuzzolese¹, V. Marcario²

¹*Italian Red Cross Military Corp, UAA Bari, Italy*

²*Italian Red Cross, Bari, Italy*

The dental exam, as suggested by the Dental Fitness STANAG 2466 and a letter circulated by the SANVET Department of the IT Army Logistics Inspectorate, requires annual health assessments of military personnel prior to deployment overseas, including a dental examination. This to achieve optimum military effectiveness. Dental examination is important to classify and identify those soldiers who may need dental treatments prior to deployment in order to achieve good and stable oral health for one year. Dental officers will register soldier odontograms which represent important data for future dental examinations and human identification processes. Dental data and DNA are, in fact, the two scientific methods applied for human identification when bodies are skeletonized or carbonized. This should also activate a military dental field identifications services team (STANAG 2464).

In this presentation the dental identification principles and the registration of Italian Red Cross Military Corp soldiers in Bari (Italy) is described.

Biography

Graduated in dentistry at the University of Bari (Italy) in 1994. A post-graduate in Legal Medicine, Forensic Sciences and Forensic Odontology, holds a Research Doctorate degree on Analytic Morphometry applied to Forensic Identification. He is dental officer (reserve) of the Italian, Army Italian and of the Italian Red Cross Military corp (auxiliary Armed Forces corp). Has participated twice to *Operation Ancient Babylon* in Iraq and in *Operation Joint Enterprise* in Kosovo. He is committed to forensic odontology, with particular interest to human identification, D.V.I. operations and bitemark analysis.

Lecturer for forensic odontology at the University of Bari, Lecce, Varese (Italy) and Split (Croatia) and Vice President of the Italian Society of Legal Dentistry (www.siola.eu).

„Field Hospital Dentistry and Radiology“.

(Poster)

The IT military field hospital dispatched to Tallil (Iraq) included different surgical and diagnostic specialties. Among them dentistry and radiology. The dental clinic was equipped with an intraoral radiograph capable of taking intraoral radiographs and images of the temporo-mandibular joint.

In addition to conservative treatment, outpatient surgical interventions were also necessary, including extraction of retained or unerupted teeth. The radiographic examination usually prescribed for this type of intervention is orthopantomography. In view of the absence of an orthopantomograph, such examinations could not be performed in field hospital radiology. An uncommon cranial projection called “oblique lateral radiography” to image the hemimandible of interest was performed.

Oblique lateral radiography, as indicated and described in this work, represents a useful tool for the oral surgeon, enabling him to operate in a military field hospital in full confidence from both diagnostic and medico-legal perspectives.

Dental Implant Rehabilitation of Pilot`s in the German Military Forces

LtCol Wolfgang Otto, MD, MC; LtCol Manfred Dittmer, MD, MC;

Division Clinical Aviation Medicine, GAFIAM

Introduction: The dental fitness (not only) of pilots is important for nutrition, phonation, general health and identification. In case of dental losses implants are a modern and state of the art method for teeth replacement.

Method: In 2009 84 pilots (Air Force, Navy and Army) were investigated after dental implantation in the Dental Division of the Institute of Aviation Medicine (GAFIAM).

They were exceptionally male pilots aged 24 – 58 years, treated with up to 9 implants. The aeromedical decision of the implant quality was according to dental standards (fixation, X-rays, mucous membrane, occlusion, articulation). The implants were inserted by military or civilian specialists in oral surgery. The decision to continue flying duty was made by the dentist of the GAFIAM.

Results: All 84 pilots were classified as „fit for flying duty“ after regular wound healing without any complications. The demand of fixed dental prosthesis in aeromedical medicine was fulfilled. Only two of the 84 pilots had a total loss of their implant bridges (= 2.4 %), one after four years with a succesfull reimplantation, the other had a total loss probably due to Histiocytosis X“ after five years.

Conclusion: The treatment of pilots with dental implants, when necessary can be recommended. Meanwile dental implants are state of the art, there is a minimum of complications. The endosseus implant survival depends on oral hygiene, gender, the jaw region, smoking habits and the quality of the jaw bone at the time of implantation.

“The Role of Acupuncture in a Cataclysmic Disaster”.

Col (Dr.) Arnyce R. Pock¹

Dr. Richard Niemtow²

¹ *Office of the Air Force Surgeon General, Washington D.C., USA*

² *Andrews Air Force Base, Maryland, USA*

Introduction: In the acute aftermath of a major disaster, particularly one of cataclysmic proportions, emergency medical systems are almost always overwhelmed by a wide array of practical challenges, ranging from extraordinary demand, limited supplies, limited access, & frequent communication outages. By training a cadre of mobile 1st Responders in the fundamentals of “Emergency Acupuncture” it may be possible to help temporize the suffering & despair associated with the immediate emergence of vast numbers of patients with severe and/or excruciating pain, panic & anxiety, seeking aid.

Methods: The USAF recently trained 44 military physicians in the art of “Battlefield Acupuncture.” This has facilitated the provision of acupuncture near the front lines and has begun to yield an impressive array of successful observations, which, along with some preliminary data, will be included in this presentation.

Discussion/Conclusion: The reproducible & positive nature of these clinical outcomes, coupled with their low cost, low risk & high portability, provide the basis for suggesting that if a few key acupuncture techniques could be taught to a cadre of CIOMR 1st Responders, it may be possible to help attenuate some of the acute chaos associated with a cataclysmic disaster.

Biographies:

Colonel (Dr.) Arnyce Pock is an Active Duty physician specializing in the areas of Internal Medicine & Medical Acupuncture. She is a 1985 graduate of the Uniformed Services University of the Health Sciences (USUHS) and currently serves as the Medical Director of the U.S. Air Force Medical Corps, in Washington DC.

Dr. Richard Niemtow is a retired USAF Colonel, who began his medical career as a Radiation Oncologist, but later focused on & specialized in, Military Medical Acupuncture. Dr. Niemtow is the Air Force Surgeon General’s Consultant for Complementary & Alternative Medicine and currently serves as the President of the American Academy of Medical Acupuncture.

French Joint Health Services and Identification of Victims in Major Disasters

Cptl Ch. Rallon

Bearing in mind the two last major catastrophes that recently struck our planet, namely the tsunami in the South East of Asia in 2004 and the earthquake in Haiti in 2010, one can be dramatically astonished by the number of victims who died and/or wounded that has been exceptionally high and but also by the extent of the damages directly and indirectly. The role played by the Armed Forces, which is to provide humanitarian assistance to the victims, set up sanitary logistic chains and food distribution chain, does not need to be proven anymore. In the medical field the commitment of various national health services has been significant but their involvement is going far beyond just providing care: the forensic component and particularly the identification of victims requests thealso mobilizes many doctors and odontologists. By drawing the conclusions of the French odontologists and active duty and reserve medical personnel present in Thailand from January till June 2005, we will describe in this presentation the everyday life of a disaster victims identification team.

The lesson learnt have many consequences both from an internal organization perspective also from an individual practise perspective. Indeed the discrepancies of the ante-mortem data provided by our colleagues brought us to a global mindset about the ante-mortem data whose perfection is essential. In addition, if the post-mortem data collection isn't a problem in itself the conditions of its realization may be subject to discussion ; the jaws removal is indeed in the center of the debate. The necessity of a computerized treatment is now obvious and has been materialized by the acceptance of an unique software. Beyond international associations and congresses, it seems that the experts' meeting, working jointly on common tasks, allows privileged contacts, favourable to a blooming of each team.

Considérant les deux dernières catastrophes majeures ayant frappé notre planète, à savoir le tsunami d'Asie du sud-est en 2004 et le séisme en Haïti en 2010, on ne peut qu'être frappé par le nombre de victimes, morts et blessés, mais également par l'ampleur des dégâts occasionnés. Le rôle joué par les forces armées, que ce soit le secours aux victimes, la logistique sanitaire ou la distribution alimentaire, n'est plus à démontrer. Dans le domaine médical, l'engagement des services de santé est évident, mais leur implication ne s'arrête pas aux soins ; la composante médico-légale et plus particulièrement l'identification des victimes mobilise également de nombreux médecins et odontologistes. En nous aidant de l'expérience des odontologistes français, praticiens d'active et de réserve, présents en Thaïlande de janvier à juin 2005, nous allons vous exposer le quotidien d'une équipe d'identification de victimes de catastrophe. Les enseignements tirés ont autant de conséquences sur l'organisation propre de l'équipe que sur l'exercice personnel de chacun. En effet, les lacunes des données ante-mortem fournies par nos confrères nous ont amenés à une réflexion globale sur l'ante-mortem dont la perfection est indispensable. Par ailleurs, si la collecte des données post-mortem ne pose à priori pas de problème, les conditions de réalisation sont sujettes à discussion ; la dépose des maxillaires est en effet au centre du débat.

La nécessité d'un traitement informatisé a trouvé son issue par l'acceptation d'un logiciel unique. Au delà des associations et congrès internationaux, il apparaît que la réunion d'experts, œuvrant à une tâche commune, permet des contacts privilégiés, propices à un épanouissement de chacune des équipes.

Biography

Graduate in Odontology Paris René Descartes 1990, Post graduate in Forensic Odontology Lyon 2004, Private practice since 1991, Reservist for Military Medical Service, Involved in Forensic Odontology since 2004, Member of the Association Française d'Identification Odontologique, Member of the American Society for Forensic Odontology

42 Good Arguments on 4 Paws. Veterinary Dentistry for the Military Working Dog With a Good Bite.

Katja Riedel

Bundeswehr Regional Medical Command II Diez, Germany

Introduction

According to various publications, with a morbidity rate of more than 80%, dental problems are the most common disease of adult dogs.

Methods

In 2008, the Head of the Internal Medicine and Outpatient Treatment Section of the Bundeswehr Military Working Dog Clinic conducted 93 treatments scheduled exclusively in the field of Veterinary Dentistry.

Results

10.2% of all Military Working Dogs scheduled for treatment at the MWD Clinic's Internal Medicine and Outpatient Treatment Section in 2008 were treated in the field of Veterinary Dentistry.

Poor dental health is common in dogs offered to the German Military for purchase as MWD's. Bundeswehr MWD's often suffer from injuries and diseases relating to the oral cavity, teeth and periodontium .

Discussion/Conclusion

The dog's and MWD's welfare and fitness for duty can be fully restored by meticulous diagnosis, control and, if necessary, sophisticated state-of-the art treatment.

Biography

K.R. joined the German Military in 1998 and graduated as a Veterinarian at Ludwig-Maximilians-Universitaet Munich, Germany, in 2004. Her first assignment was at the Bundeswehr Regional Medical Command II as an Assistant Chief of Section with focus of work on Military Working Dog Affairs, Animal Welfare and Veterinary Public Health. From 2007 to 2010 she was Head of the Internal Medicine and Outpatient Treatment Section of the Bundeswehr School of Dog Handling's Military Working Dog Veterinary Clinic. Training in MWD Dentistry since 2004. In February she has returned to the Bundeswehr Regional Medical Command II. She also works in private practice since 2004.

Bringing it all back home – Trauma lessons from Iraq and Afghanistan & ? Lessons for British Trauma Practice in the NHS

J.M. Ryan

*OStJ MCh FRCS DMCC, Hon FCEM, Col L/RAMC (V)
Emeritus Professor of Conflict, UCL, & SGUL
& International Professor of Surgery, USUHS*

This paper examines recent advances in managing severe trauma within field hospital facilities in Iraq and Afghanistan. It asks the question – “So what’s new, what can we learn and & why now?”

It outlines those factors which the author believes are making a difference in the context of military doctrine, preparation and training. It goes on to look current thoughts on clinical practice, new procedures and clinical governance. It examines current concepts such as consultant delivered care in the context of forward resuscitation (MERT) and in the field hospital. Recent thoughts on Damage Control Resuscitation (DCR) and Damage Control Surgery (DCS) are discussed.

The paper also discusses the need to continue practising well worn clinical approaches such as wound excision and delayed primary closure. It also touches on controversies surrounding care of non-combatants, including women and children in military field medical facilities during war and conflict.

Professor Ryan was the first Leonard Cheshire Professor in Conflict Recovery at the Department of Surgery, University College London, serving in that capacity from 1995 until 2007. He was also honorary consultant in Accident and Emergency Medicine at University College London Hospitals Trust. In 2002 he was appointed International Professor of Surgery at the United Services University for the Health Sciences in Maryland, USA. In 2007 he was further appointed Emeritus Professor to the newly established Centre for Trauma, Conflict & Catastrophe Medicine at St George’s University of London. He is tasked with advising on the establishment of the new Centre at SGUL .

Prior to coming to UCL in 1994, Professor Ryan was Joint Professor of Military Surgery at the Royal Army Medical College, London and the Royal College of Surgeons of England. His war and disaster medical experience covers military and humanitarian operations in Northern Ireland, Cyprus, The Falkland Islands, Nepal, the Balkans, the Caucasus, the Middle East and Central Asia. He remains active in the Territorial Army and is President of the Training Faculty based at HQ AMS TA in York. He was also Convenor for the ‘Diploma of the Medical care in Catastrophes ‘ at the Society of Apothecaries in London. He is now the President of the Conflict & Catastrophe Faculty at the Society. He is also current President of the Catastrophe and Conflict Forum at the RSM.

His interests are in the fields of ballistic injury, terrorist injury, and military and conflict medicine.

„How Branding Increases Visibility of CIOMR“.

Captain (R) Frank Springer, MBA

Strong brands are not only in use for the labeling of consumer goods by now. Even services and organizations are using brands in addition to their actual service offers to communicate certain values and images and to achieve additional attention and interest among their target groups.

Unlike traditional consumer goods services and organizations (such as CIOMR) are often abstractly and cognitively inaccessible brand vehicles that occasionally elude not only the involvement, but also the perception of the audience.

In order to create efficient brands we must be able to understand how people perceive and learn branding elements and content. For this purpose elementary models such as the S-O-R model and the Multi-store model declare information reception and storage. Furthermore the representation and organization of brand content in the memory can basically be distinguished between verbal and visual content. Based on these findings conclusions for the design of a “CIOMR brand” can be developed that help to improve the visibility of the organization.

Biography

Born on October 16th 1979 at Bayreuth (Germany), unmarried
Profession: Master of Business Administration

Current Position: Manager for Marketing & Sales
Military Employment: Controller A / Sanitaetsfuehrungskommando Koblenz

1999: Final secondary-school examinations
1999 – 2000: Military service in the German Air Force
2000 – 2006: Studies of business administration at the University of Bayreuth
Since 2007: Manager for marketing & sales at HERMOS AG
2009: Promotion to Captain (R)

Canadian Forces Health Service Reserves: Vertical Integration Success

Col K. Stevens

Introduction

In 2003, the Canadian Forces Health Services became an integrated organization. The Canadian Forces Health Service Reserves moved from under Army Chain of Command to the Health Services Group. Since then, major changes to structure, training and the development of a robust Role 3 Reserve capability has led to many successes for both the Reserves and the Group as a whole. Today, Health Service Reserves are employed and deployed alongside their Regular Force counterparts domestically and internationally, something that did not and could not take place a few short years ago. The integration of policies and standards, job protection legislation and an integrated Chain of Command have all facilitated a better understanding of what the Health Service Reserves offer the Group.

The mission of the Canadian Forces Health Services is to provide high quality health services to Canada's fighting forces wherever they serve. The total force concept of training, maintaining clinical skills and working together enable the Health Services Group to accomplish this mission every day. In 2005 I presented to CIOMR what the Health Service Reserves wanted to accomplish and where we hoped to be in 2010. This presentation will describe what we have accomplished, how far we have come and where the future is taking us.

Biography:

Colonel Stevens joined the Canadian Forces in 1985 as a Direct Entry Nursing Officer. In May, 2008 Colonel Stevens was promoted to her present rank and appointed Reserve Advisor to the Director General Health Services at Canadian Forces Health Services Group Headquarters in Ottawa. Colonel Stevens also serves as Director, Health Services Reserves.

Colonel Stevens has held a number of staff and command positions, both within the regular and reserve components of the Canadian Forces, serving initially as a nurse at various Canadian Forces Hospitals. She served as Directing Staff at the Canadian Forces Officer Candidate School in Chilliwack, British Columbia and in 1991, deployed to the Persian Gulf as part of the Advance Surgical Team of 1 Canadian Field Hospital. In 1994 Col Stevens transferred to the Reserve Force and became a member of 11 Victoria Field Ambulance where she held a number of positions ranging from Training Officer, Deputy Commanding Officer to Acting Commanding Officer. In 1995 Col Stevens worked as a Military Career Counsellor and Detachment Commander of the Canadian Forces Recruiting Centre Detachment in Victoria, British Columbia.

In May 2000, Col Stevens began working as a member of the Reserve Working Group of the Health Services Renewal Project (Rx 2000). She worked on a number of initiatives including writing the Reserve Medical Technician Scope Of Practise and aligning Reserve occupations and training with the Regular Force. In 2006, Col Stevens was appointed Commanding Officer of the Health Services Primary Reserve List.

Col Stevens is a member of the College of Registered Nurses of Nova Scotia and a graduate of the Joint Reserve Command and Staff Course. She is an avid marathoner, completing over 50 marathons and 17 ultra-marathons since 2000. Other activities include golfing, hiking and cycling.

DONOR BLOOD SEPARATION WITHOUT CENTRIFUGE STEPS WITH A NEW HOLLOW FIBER BLOOD SEPERATION DEVICE

Cdr Dr Stef Stienstra

Background:

The new commercial blood separation device is a hollow fibre cell separation system, which separates leukocyte reduced whole blood into plasma and red cells. The blood separation system only needs gravity for its result and does not need any electricity for its process. The system includes the needle for blood collection, has a 30 ml satellite collection bag for blood testing, a standard blood collection bag, a whole blood leukoreduction filter, a dedicated hollow fiber system with special geometry to wash out all plasma and to keep the red cells in optimal condition, a plasma collection- and red blood cell collection bag.

Study design:

First 10 whole blood units were separated, using this device, in the Components Laboratory South East of Scotland Blood Transfusion Service, Edinburgh, UK and then 5 whole blood units were separated using this device at the Marien Krankenhaus, Hamburg, Germany. The plasma was assayed for levels of various coagulation factors as well as for markers of both coagulation and complement activation. Also D-Dimer, free haemoglobin, lactate dehydrogenase (LDH) and the protein spectrum of the plasma was determined. The red cells in SAGM additive solution were tested at day 1 and then stored until day 42. Various parameters were measured including 2,3-DPG, LDH, potassium and free haemoglobin.

Results:

In the studies approximately 450 ml blood was collected from a donor. The separation time from the beginning of leukoreduction to the end of the process was approximately 40 minutes. The plasma was cell free and the free haemoglobin concentration was below 0,03 g/l. The potassium concentration in plasma was at average 2.9 mmol/l. In the red cell concentrates the free haemoglobin was below detection limit (< 0,03 g) and the potassium concentration at average 1.6 mmol/l. Mean ATP and 2,3-DPG levels measured were 4.70 ± 0.60 μ mol/g Hb and 13.78 ± 1.59 μ mol/g Hb respectively. Conclusion: The used blood separation device based on component separation by hollow fibres was a prototype, but the device produces red cells in additive, which are similar to and store as well as those prepared in blood bank routine in Scotland and in Germany using routine centrifugation methods. The system had no detrimental effect on the red cells (eg mechanical stress) and gave even the impression to be more vital. It is a simple and straightforward device that eliminates the need for both centrifugation and separation steps within the processing of whole blood into red cells and plasma.

PEROXIDE IN NANOPARTICLES IS AN EFFECTIVE METHOD TO DISINFECT AREAS CONTAMINATED WITH B-AGENTS PRESERVING THE FORENSIC EVIDENCE.

Cdr Dr Stef Stienstra

INTRODUCTION

Traditional disinfection techniques using wet sprays and wipes do not eliminate the main cause of contamination by bacteria, spores, fungi or even viruses. The permanent exchange between the surface and air, the so-called recurrent cycle, is an important source of (re)contamination. Especially in bioterror attack with airborne particles. More extensive decontamination with ClO₂ destroys all materials on the spot and all forensic evidence.

STUDY DESIGN

In Dutch hospitals studies were done to disinfect MRSA (multi-resistant *Staphylococcus aureus*) infected areas, like operation theatres, with the IC-4™, an innovative H₂O₂ ultra mist generator.

This unit sprays liquid with an array of 1.7 MHz activated ceramic discs controlled by an ultrasonic generator a container with detergent. As the fluid detergent cannot follow the frequency of the ultrasonic plates, the cavitation phenomenon takes place in the dispersion. A hydrogen peroxide spray with ultra small hovering particles is created.

RESULTS AND DISCUSSION

These nanoparticles show an excellent absorption in the air. No condensate nor droplets are formed, so it does not show not the so-called "umbrella" phenomena. As a consequence the nanoparticles disinfect behind barriers as well. Tests with a variety of bacteria-, spores- and virus-contaminated areas have shown reduction rates above log 5 in those 'hidden' areas.

The micro-particles are attractive for micro-organisms, which absorb them resulting in lethal oxidation of the internal cell membranes. The DNA of the microorganisms can still be analysed for forensics.

The nanoparticle scaffold shields the active peroxide towards surfaces, which prevents corrosion of those surfaces.

CONCLUSION

The nanoparticles are not only very effective in the disinfection of MRSA infected hospitals, but also for disinfection after bioterror attack. This system will kill pathogens without damaging the DNA for forensic investigations and will be commercialized soon.

REACTIVATION OF THE NATO SOLDIER CONCEPT

Med Col A E Van Acker, BE, Res

Since the collapse of the Soviet Empire (1989) politicians in most NATO countries thought they could do without the expenses to upkeep a large well-trained arm with modern weaponry, as needed previously to offset the Soviet armies. Suddenly there didn't seem to be any enemies to really fear and in extremis there were the atomic bombs.

Thus many armies were reduced and armament efforts slackened. The prevailing idea became "we will do more with less". This sounds as good marketing but what does it imply in reality? As we learned the hard way there are still plenty of conflicts around the world. It's full of terrorists and pirates. Doing something against all this is costly in manpower, armament, general resources and finances. The Iraq intervention showed the limits of the Cheney doctrine of doing "cheap and limited" military interventions.

It seems as if time and again the world has to relearn that peace doesn't come easily nor cheaply. It has to be defended continuously. On paper everything is possible but hard facts soon bring the dreamers back to the sad reality of "there is no free lunch".

Maybe this is a good moment, as in time of crisis people open their minds and re-examine procedure, to look at the advantages of enacting more the NATO soldier concept.

Authors:

Col Alexander van Acker

Private practice group Avenue Louise, 503 Brussel Belgium
dravanacker@gmail.com

Col Lionel Clerc

Office of the Surgeon General (DCSSA), Fort Neuf de Vincennes – Cours des Maréchaux –
75614 Paris Cedex 12, 75614 France, international@dcssa.fr

Col Charles Cox

Defence Consultant Advisor to UK Surgeon General. UK VP.
charles.cox1@btinternet.com

LtCol Andrzej Galubinski MD

Neurological Outpatient Clinic in Gdynia
81-301 Gdynia 1, box 164, Poland, e-mail: agal@mp.pl

Col Walter Henny MD

6 Boterdorps Verlaat Rotterdam 3054 XL, NL, e-mail: whenny@wanadoo.nl

MG Robert John Kasulke

Deputy Surgeon (IMA), Mobilization, Readiness and Reserve Affairs, Office of the Surgeon
General, Falls Church, Virginia 22041-3258, 270 Clinton Street USA, 13601,
ckasulke@twcny.rr.com

LtCol. Johannes Kosel MC DS

Military Dentistry Center München,
Otto-Wagner-Strasse 10A, 82110 Germering, e-mail: Johanneskosel@t-online.de

Com Philippe. May MP

Direction Régionale du Service de Santé – BREST - France,
BCRM Brest / DRSSA – CC5, 29240 Brest, France, e-mail: p.may@univ-paris-diderot.fr

2Lt Emilio Nuzzolese DDS, PhD

Italian Red Cross Military Corps - Medical Corp IT Army (reserve)
Viale JF Kennedy 77, I-70124 Bari, e-mail: emillionu@tin.it

LtCol Wolfgang H. Otto MD

Dentist Center Dr. Otto and Dr. Hensmann
Gartenstr. 1 Bruehl D-68782, e-mail: otto.wo@t-online.de

Col (Dr.) Arnyce Pock

Office of the U.S. Air Force Surgeon General
110 Luke Avenue, Rm 400; Bolling AFB, DC, e-mail: arnyce.pock@pentagon.af.mil

Cptl Christophe Rallon, Dentist

Direction Régionale du Service de Santé des Armées Toulon
359 rue Roland garros, 83600 Frèjus, France, e-mail: rallon1965@gmail.com

*Col James M. **Ryan** Professor*

Emeritus Professor of Conflicts, UCL & SGUL & International Professor of Surgery, USUHS

*Maj Katja **Riedel** VetD*

Sanitätskommando II, Abteilung Gesundheitswesen, Dezernat 5 Veterinärwesen
Schloss Oranienstein, 65582 Diez, Germany, KatjaRiedel@bundeswehr.org

*Cdr Stef **Stienstra** MD*

Royal Dutch Navy, Postbus 110, 6573 ZK Beek-Ubbergen, The Netherlands,
sstienstra@ciomr.org

*Cpt Frank **Speringer** MBA*

HERMOS AG, Mistelgau, Hegelstr. 7, D-95447 Bayreuth
fsperinger@ciomr.org

*Col Kristiana **Stevens***

Canadian Forces Health Services Group
1745 Alta Vista Drive, Ottawa, K1A 0K6 Ontario, Canada
Kristiana.Stevens@forces.gc.ca

Secretary Scientific Committee:

*LtCol Hermann C. **Roemer** MD, PhD*

Specialist in General, Occupational and Environmental Medicine
Associated Teacher, Teaching Facility for the University of Duisburg/Essen Medical School
Group Practice, Internal, General, Family, Occupational, Environmental Medicine
Altenessener Strasse 442, 45329 Essen, Germany: hroemer@ciomr.org

Notes: