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SUMMER CONGRESS 2014

CIOMR FULDA
SCIENTIFIC PROGRAMM
CIOMR

AUGUST 3RD TO 8TH 2014

CIOMR Summer Congress was granted15 European CME credits by the European Accreditation Council for Continuing Medical Education (EACCME).

EACCME accreditation granted EACCME-10898-G

PROGRAM

SUNDAY 3RD AUG 2014 WORKSHOPS

0800 – 1200	Trauma Workshop - Part One. – Flt Lt Clare Fitchett RAuxAF, BSc (Hons), PG Dip. Cpl Emily Browne RAuxAF
1200 – 1300	Lunch
1300 – 1500	Trauma Workshop - Part Two. – Flt Lt Clare Fitchett RAuxAF, BSc (Hons), PG Dip. Cpl Emily Browne RAuxAF.
1500 – 1530	Break
1530 – 1730	Workshop: Emergency Dental Treatment by Non-Dentists – LTC (R) Dr. Wolfgang Otto LTC (R) MC Dr. Robert H. Mairguenther

WEDNESDAY 6TH AUG 2014 HOST NATION PRESENTATIONS

0800 – 1200	Dynamic Display BATLS German Armed Forces Joint Medical Services

Host Nation Scientific Program

1415 – 1430	Medical Train, Assist and Advice – Experiences as a Medical Advisor ISAF 2014 - Col MC Dr. Backus
1430 – 1445	SOST. Special Operations Surgical Team - LtCol MC Dr. Unkelbach
1445 – 1500	Training „War“ Surgeons. Limitations in Preparation – Col MC Dr. Lieber
1500 – 1515	Temporary Isolation Units in Hostile Environment - LtCol MC Dr. Wiemer
1515 – 1530	Restructuring Modern Interdisiciplinary Emergency Departments – Dr. Barbara Hogan
1530 – 1545	Emergency Department led by Anaesthesiologists. Concepts and Preparation for Missions - LtCol MC Dr. Schoenfeld
1545 – 1600	Break
1600 – 1615	Genitourinary Trauma in Combat. – Maj MC Dr. Keilberth
1615 – 1630	Treatment Concepts for Vascular Injury in Combat. – Cdr MC (R) Dr. Peter Fellmer
1630 – 1645	Abdominal Trauma in Combat. Where are we now? – Capt MC Dr. Wilm Rost
1645 – 1700	Liver / Pancreastrauma - Treatment Strategies – LtCol MC (R) Dr. Stavrou

THURSDAY 7TH AUG 2014 SCIENTIFIC SESSIONS

0800 – 0830	Welcome / Open Session
0830 – 0900	Provider Fatigue In Combat Medical Providers MG (RET) Robert J. Kasulke MD MPA FACS. United States of America.
0900 – 0930	Trauma Risk Management (TRiM) – Flt Lt Clare Fitchett RAuxAF, BSc (Hons), PG Dip
0930 – 1000	The computer model for better understanding of the human brain functioning for medical personnel – Hon Col A E Van Acker, MD, Psychiatry, BE
1000 – 1030	Break
1030 - 1100	Medical Service in Framework Nation Concept – Col MC Dr. Rolf von Uslar, JMS Germany
1100 – 1130	Safety and Emergency Management - be prepared for the event of an emergency situation – Dr. Peter Schmiedtchen from Draeger
1130 – 1150	Psychosociological Elements and Pathology of the Reservists – Lt Col (r) Cornelia Prioteasa and Ionel Mohîrță PhD. Romania.
1200 – 1300	Lunch and Poster Sessions
1300 – 1330	Cell and Tissue Damage Prevention by a Hibernation Inducer – Cdr Stef Stienstra Royal Netherlands Naval Reserve. Netherlands.
1330 – 1400	“OMG! A Paediatric Patient, What Do We Do Now?” – LCdr Jo-Ann Hnatiuk RCNR. Canada
1400 – 1430	The role of Diagnostic Radiology in combat-related explosive blasts. – Professor Christoph Herborn MD
1430 – 1515	The EMS Response to the July 22. attacks in Norway 2011; Lessons Learned. – Dr Stephen J M Sollid, MD PhD. Associate Professor at University of Stavanger.
1515 – 1545	Break
1545 – 1615	Preventative Plans for Long-Term Effects from Deployments: from Assessment to Treatment. – Professor Bertrand Lahutte Paris, France
1615 – 1700	Partnering with Patients in Clinical Research: Global Trends & Possibilities in Online Recruitment & Retention – Maj Nils Drews, DEU JMS AR
1900	CIOMR Dinner

PRESENTERS

(Listed in alphabetical order by primary author or presenter)

TRAUMA WORKSHOP

Flt Lt Clare Fitchett RAuxAF BSc (Hons), PG Dip

Biography

Flt Lt Clare Fitchett is a qualified paramedic and works as a clinical advisor for the British medical helpline service. Previously she worked in the National Health Service as a student paramedic on the frontline ambulance service.

She joined the regular RAF in 2003 and transferred to the RAF Reserves in 2011. Since then she has been a Medical Support Officer with 4626 (Aereomedical Evacuation) Squadron. She has undertaken a number of military medical courses including Battlefield Advanced Trauma Life Support (BATLS), Advanced Life Support and the Medical Emergency Response Team (MERT) training. In Oct 13 she was deployed to Afghanistan for 3 months as a paramedic on the MERT, a British multi-disciplined medical team providing life saving interventions to injured personnel on the battlefield.

She has taught on previous TILS and BATLS courses and regularly provides medical training in her civilian employment.

OMG! A PAEDIATRIC PATIENT, WHAT DO WE DO NOW?"

LCdr Jo-Ann Hnatiuk & Lt(N) Karen Brown
1 Canadian Field Hospital Ottawa Detachment, Canada

Introduction

Over the past decade the Health Services Group of the Canadian Armed Forces has been involved in missions all over the world caring for patients covering all age spectrums. In many instances the care providers have been Reserve Health Officers who are temporarily removed from their civilian occupations and are expected to seamlessly adapt into a variety of unique and challenging situations. In addition to operational stress associated with deployment, caring for the paediatric patient can be extremely demanding and stressful, which frequently leads to care providers feeling overwhelmed and powerless. The continual exposure to trauma and life altering events when caring for the paediatric patient can leave the care provider feeling unprepared and may negatively influence their well-being. This may remain with them even after the deployment, significantly impacted their quality of life. This may resurface and present as care-giver fatigue, burnout and PTSD even after they return home.

WARRANT OFFICER CLASS ONE STEVE HARRISS FCMI

Trauma Risk Management (TRiM)".

Introduction

The Royal Navy employed a peer assessment system designed to identify whether individuals had suffered adverse psychological stresses post exposure to a traumatic incident. It proved to be a success in referring personnel to supporting agencies for early treatment. This assessment procedure known as Trauma Risk Management was adopted by the British Army in 2009 and has been embedded within the pre-operational training requirements for all Army unit deploying.

Methods – Lecture

1. Levels of training and responsibilities.
2. The TRiM brief and follow ups
3. Recording
4. Application to the volunteer.

Results

Conclusion

TRiM is a peer delivered assessment designed to identify individuals who may be suffering from the psychological stress.

This area will be significantly expanded on.

Biography

WO1 Steve Harriss joined the Army as a Royal Signals Electronics Technician in June 1987 but found his vocation on transfer to the Royal Army Medical Corps in January 1989, as a Combat Medical Technician.

His service has seen him employed in Armoured, Wheeled and Air Assault Medical Regiments. Whilst within these medical regiments he has been deployed operationally to Iraq, Northern Ireland, Bosnia, Croatia, Kosovo and Sierra Leonne. His final operational deployment was to Afghanistan as the Regimental Sergeant Major of 16 Medical Regiment. Interspersed throughout his operational career WO1 Harriss has had the opportunity to be employed in medical and military training roles, a highlight being that he founded a new initial training company, with the Officer Commanding, when he was a Warrant Officer Class 2.

His final appointment as a regular soldier was as the Corps' Regimental Sergeant Major of the Army Medical Services, this being the senior appointment any medical soldier can achieve.

WO1 Harriss retired from regular service on 31 December 2013 and joined the Operational Headquarter Support Group on 1 January 2014 and has subsequently assumed the appointment of Regimental Sergeant Major.

WO1 Harriss is still awaiting his next challenge and is currently enjoying spending time with his wife and 3 dogs.

THE PRESENTATION OF DEPRESSION IN THE BRITISH ARMY

Major Robert Heath QARANC(V)

Background
The British Army is predominately composed of young men, often from disadvantaged backgrounds, in which Depression is a common mental health disorder.

Objectives
To construct a predictive model detailing the presentation of depression in the army that could be utilised as an educational and clinical guideline for Army clinical personnel.

Conclusion/Discussion
Young soldiers presented with symptoms not in the International Classification of Disorders and older soldiers who feared being medically downgraded, sought help outside the Army Medical Services. Women found it easier to seek support, but many were inappropriately labelled as depressed. Implications include a need to address the poor understanding of military stressors; their relationships to depressive symptoms and raise higher awareness of gender imbalances with regard to access and treatment. The results have international implications for other Armed forces, and those employed in Young Men's Mental Health.

Biography
Major Rob Heath has served in the Army Reserve for 12 years. He is currently O/C A Sqn 335 Med Evac Regt. Major Heath served as part of the FMHT in Op Herrick 12 B. He was awarded a citation from DANS in 2010 for his work in Nahr e Sadaj and Kandahar for delivering mental health support and treatment to units with his AOR. He is EMDR an accredited practitioner and currently works as Lead Nurse (Veterans) for South Staffordshire and Shropshire Foundation NHS Trust. Rob has a further background in community and crisis response nursing..

PROVIDER FATIGUE IN COMBAT MEDICAL PROVIDERS

MG (RET) Robert J. Kasulke MD MPA FACS
International President Elect CIOMR
US Army Reserve Ambassador New York State

I will discuss the signs and symptoms of compassion (also known as provider) fatigue and how it affects those providers who work within the stressful environment of the combat zone. I will include in my discussion the risk factors, clinical findings, warning signs and the treatment of those providers who are affected by this condition. I will also discuss methods that may be successfully used to avoid or mitigate the development or the effects of the condition known as provider fatigue.
The discussion will encompass the signs and symptoms, to include the earliest changes in a provider that are caused by provider fatigue. This discussion will enable the individual's co-workers to intervene as early as is possible.
I will also discuss several treatment methods that can be done on the spot to start the healing process as soon as possible so that the providers may continue their mission in a healthier state of mind, and not be forced to end their deployment, nor develop chronic sequellae from their experience with provider fatigue.

Biography
Major General Robert Kasulke is a vascular and general surgeon from Watertown, New York. Educated at the United States War College, State University of New York, and Fordham University in New York; he also holds a Masters in Public Administration from Syracuse University. Having completed his residency in general surgery at Montefiore Health and Hospital Center in New York's Bronx, MGen Kasulke went on to complete his vascular fellowship at the University of Missouri - Columbia.
MGen Kasulke has held the appointment of Commanding General Army Reserve Medical Command and is the International President Elect for CIOMR. He currently holds posts as a staff physician at Carthage Area Hospital; Facility Medical Director, Gouverneur Correctional Facility; and Assistant Medical Examiner, Jefferson County. He has previously been employed as a staff physician at the Veteran's Administration, as a consultant in general / vascular surgery case reviews, assistant medical examiner, vascular surgeon, and director of surgical residents research amongst other appointments.
He holds a board certification as a Fellow of the American College of Surgery while also having memberships in the New York State Surgical Society; Association of Military Surgeons, United States (AMSUS); a founding member of Hospice Physicians; AMA; American Society of Broadcasters; Wilderness Medical Society; amongst several other memberships.
Robert Kasulke has been extensively published in variety of journals on vascular surgical topics and currently holds editorial positions in the Federal Practitioner and The Journal of Military Medicine. In 2007, he was Knighted with the Order of Knights Templar.

PREVENTATIVE PLANS FOR LONG-TERM EFFECTS FROM DEPLOYMENTS: FROM ASSESSMENT TO TREATMENT.

Professor Bertrand Lahutte
Val-de-Grâce Military Hospital, Paris, France

Introduction
Operational situations tend to give prominence to the stakes of immediate intervention, regarding medical practitioners. Of course,

these considerations can't be denied and stand in the mainstream of both our clinical research and praxis. But we essentially have to consider the counterpart of trauma risk management: the sequels and post deployment long-term effects.

Methods

This question should not be restricted to post-traumatic issues regarding medical issues. But the aftermath dimension related to this pathology, figures as a model to outline pitfalls and deficiencies both in clinical-related management and preventative measures.

Discussion/Conclusion

Thus, we intend to expose the preventative plan regarding PTSD and post-deployment issues, developed by the Military Mental Health Services in the French army. Indeed, France is now engaged in an overall preventative plan since several years, targeting pre, per and post deployment steps in mental health care and fitness. It concerns both military general practitioners and mental health care specialists.

Biography

Psychiatrist
Deputy head of service (Val-de-Grâce military hospital, psychiatric unit, Paris, France)
Professor of psychiatry (Val-de-Grâce medical military academy, Paris, France) Engaged in several deployments abroad (Ivory Coast Republic, Afghanistan)

WORKSHOP: EMERGENCY DENTAL TREATMENT BY NON-DENTISTS

LTC (R) Dr. Wolfgang OTTO1
LTC (R) MC Dr. Robert H. MAIRGUENTHER²
1Gartenstasse 1, 68782 Bruehl, Germany ²Ruediswilerstrasse 13, 6017 Ruswil, Switzerland

Background

The workshop will be „hands on" for emergency dental treatment by general medical personnel.
In Gulf War I the US military had a fault rate of 25 % and in Gulf War II the fault rate of dental sickness was the highest among all other diseases.
Even in our day there are lots of dental problems among deployed NATO soldiers and if no dentist is immediately available general medical personnel should be able to help or decide on Med Evac.
Subjects that will be addressed:
A: Extraction of teeth from a dummy head
B: Sewing of gingiva
C: Reimplantation / fixing with plastic
D: Temporary filling
E: Incision of dental abscesses
F: Medical treatment (antibiotic/analgesic)

WORKSHOP ZAHNMEDIZIN IM EINSATZ FÜR ÄRZTE - LTC WOLFGANG OTTO

„hands on" for emergency dental treatment for general practitioners, that means for medical personal like nurse, physician assistants and medical doctors, not for dentists.

Core Beliefs

First aid for dental emergencies and injuries in use by non-dental medical personnel (doctors, nurses, physician-assistant)
The workshop will be „hands on" for emergency dental treatment for general practitioners other than dentists such as medical personal like nurses, physician assistants and medical doctors. The reason for this „hands on" workshop is that the US military had a loss rate (fault rate) of 25 % in Gulf War I, so after this experience the NATO implemented the STANAG 2466 which was developed by COMEDS working groups and resulted in 4 dental fitness categories. Also in Gulf War II the fault rate of dental sickness was the highest among all other diseases.
Even today there are lots of dental problems among the NATO soldiers sent in action and if no dentist can take care immediately it makes sense that a general medical practitioner can help or decide when its time for Med Evac for definitive treatment.

Training Content:

A: Extraction of teeth of a dummy head
B: Gingiva sewing (this demonstration shows the soft consistency of the gingiva versus the robustness of other skin)
C: Re- implantation of a tooth and fixing with plastic
D: Temporary filling
E: Incision of dental abscesses in upper and lower jaw
F: Medical treatment with antibiotic and pain reliever if no other means is Available

PSYCHOSOCIOLOGIST LTC(R) CORNELIA PRIOTEASA

Psychosociologist PhD Ionel Mohîrță
Association of Reserve Officers of Romania

Psychosociological elements looking at preventing the pathology of the reservists psycho-emotional system in the context of alliance missions. Methods of psychodiagnosis and transpersonal psychotherapy.

Abstract

This paper aims to convey a holistic view of the causes that can determine the pathology of the reservists psycho-emotional system in the context of alliance missions, whilst also underlining the defining elements of the military social environment, portraying an overall image of the symptoms, as well as the transpersonal psychotherapeutic methods necessary.

PRESENTERS

We, the authors, consider the scientific approach based on cuantic psychodiagnosis methods together with traditional methods and techniques which have consolidated their efficiency in their millennial existence, can provide psychoterapists an optimal and rapid working method with significant results in the mental and physical recovery of the reservists enganged into military missions with a high traumatic risk.

Biography

Ionel Mohîrta studied psychology at Bucharest University, has a Phd in psychology, and is the Vicepresident of The European Association of Transpersonal Psychology, Executive Director of the Romanian Association of Transpersonal Psychology and the editor at the Journal of Transpersonal Psychology. His main focus is psychothanatology, where he approaches a vast theoretic and experimental research. After the psychothanatologic study published in Vibratia eterna a sufletului (2003), his interest becomes the research in the influence of sound and light on human personality.
He tries to broaden the psychological understanding of the concept and elaborates in 2005 the Theory of conscious sonoluminescent pulsations. The theory is published in his book "Calea Sufletului. O incursiune în realitatea profunda" and it's well defined around cuantic, consonantiste and synergetic psychology principles. According to this theory, the human psyche is a resonance of sololuminescent pulsations, the main argument being the possibility of representing the human soul as a result of light and sound connections.
Through his Phd thesisSonoluminic Psychology. A Project of Quantum Psychology (2011), the author analyses the sonoluminic human system on theoretic grounds and his own experimental research in cuantic psychometry, by this creating a whole new domain in psychology. His experimental work brings to light a new dynamic of sonoluminic phenomena in the human being under various mental demands, creating a novel pattern for sonoluminic hygiene with the purpose of optimizing bioelectric human age.

GENERAL MANAGEMENT OF DISASTERS GENERAL PRINCIPLES OF EDUCATION IN MEDICAL MANAGEMENT OF DISASTERS.

Professor Dr. Nicolae Steiner MD, PhD.

Background

The conceptual model of multidisciplinary education within the „Medical Management of Disasters" - attributes and components and the complexity of the operational context in „Medical Management of Disasters" require increasingly a more multi-disciplinary approach. The literature most authors consider that educational programs in this field should better reflect the operational reality. Education and training programs for all levels of practitioners in the field (reserve officers) of „Medical Management of Disasters" must be based on a central vocational (vocational reference system) that integrates into a unified framework knowledge, understanding, skills and also to reflect international standards to be implemented at national level, which may result from a broad international consultation of experts in the field of education in „Medical Management of Disasters."
For that the authors want to propose to CIOMR to establish a system of training and education for reserve officers from NATO Member States and partners in order to educate and train the medical reserve to fit the requirements of Medical intervention in disasters.
Key words: Medical Management of Disaster, teaching organizing and levels, future ways.
Membership of professional bodies:
- World Association of Disaster and Emergency Medicine 2005
- International Society of Disaster Medicine 2003
- NATO Joint Medical Committee 1996-2006
- European Commission- Health Security Committee 2005-2006
- NATO International expert in disaster medicine 2003-2006

Other activities:
- Romanian Public Health Ministry: creator of the Romanian Health Ministry Committee of Emergency Situations Management and of Operative Center for Emergency Situations Management.
- Creator of the National Centre for Training in Medical Management of Disasters and of subsequent training of medical personnel.

Present position:
- lecturer in Medical Management of Disaster in National Center for Medical personnel training;
- lecturer in National Institute of Administration - course of Emergency situations Management.

CELL AND TISSUE DAMAGE PREVENTION BY A HIBERNATION INDUCER

Cdr Stef Stienstra Royal Dutch Navy Reserve, 1-CMI Command, Apeldoorn, The Netherlands. Stef.Stienstra@inter.nl.net

Background

A chemical compound is synthesized, which brings mammalian cells in a phase of hibernation, like the squirrel and Syrian hamster during their winter sleep. In hibernation, mammalian tissue and (blood) cells are protected against oxidative stress damage as metabolism changes towards minimal need for oxygen and nutrition.
Study design - The bioregulator is used cooling down human cell lines, tissue and as proof of principle it has been added to standard fresh platelet concentrates. The platelet concentrates could be stored for 21 days without flat-bed shaking in standard blood bank bags in a refrigerator at 4°C. After rewarming, ex-vivo vitality tests were performed with an aggregometer, haematology analyzer and with a flowcytometer, which indicated that the platelets have similar properties compared to fresh apheresis platelets for transfusion. The compound is tested for toxicity. Similar experiments followed in which human tissue cells and organs got the treatment to induce hibernation.

Results
The developed compound initiates a phase of hibernation in human blood platelets, which enables the storage of platelets at 4 °C without suffering the so-called cold activation. Similar results were obtained with tissue cells and with organs. Organs could survive long periods of cooling by forcing them into a hibernation phase with the described chemical compound.

Conclusion
This technology enables protection of cells, tissue and probably whole organs from cold storage damage. I looks to be a promising technology to prevent cell damage during (air)evacuation of wounded soldiers by cooling down the wounded area in the presence of the hibernation inducing compound.

Biography
Strategic and creative development manager in biomedical science, who works internationally for several medical and biotech companies as scientific advisory board member. He is also an active reserve-officer of the Royal Dutch Navy in his rank as Commander (OF4) and Lector at the Rhein-Waal University of Applied Sciences at the Faculty of Political Sciences, Peace & Security studies.
For the Dutch Armed Forces he is CBRNe specialist with focus on biological and chemical threats. He is also manager of the group of medical- and environmental functional specialist within the 1 CMI Command (Civil Military Interaction) of the Dutch Armed Forces.
In his civilian position he is at this moment developing with MT-Derm in Berlin (Germany) a novel intradermal vaccination technology as well as a new therapy for cutaneous leishmaniasis for which he has won a Canadian 'Grand Challenge' grant. With IQ Therapeutics in Groningen (The Netherlands) he develops therapeutic antibodies against anthrax and orthopox viruses and with Hemacon in Düsseldorf (Germany) he develops an innovative blood separation unit. For Infection Control in Eemnes (The Netherlands) he develops a bio-disinfection system for bioterrorism consequence management and works on freelance basis for several consulting companies.
He has finished both his studies in Medicine and in Biochemistry in The Netherlands with a doctorate and has extensive practical experience in cell biology, immuno-haematology, biodefense and transfusion medicine.

THE EMS RESPONSE TO THE JULY 22. ATTACKS IN NORWAY 2011; LESSONS LEARNED.

S.J.M. Sollid1,2
1University of Stavanger, Norway
[2]Oslo University Hospital, Norway

Introduction
On July 22, 2011, a single perpetrator killed 77 people in a car bomb attack and a shooting spree incident in Norway. The Emergency Medical response was massive and involved resources from several neighbouring emergency medical service (EMS) systems. We attempt to describe the lessons learned both in organizing and managing the EMS response and the post incident care of EMS personnel involved. Methods The presentation is based on official reports, EMS system data and the authors' personal experience from the incident. Results Communication and incident command organisation was challenging. The security of the EMS was a major issue and difficult to handle due to an overloaded police force. Triage of all surviving victims was however successful with no over- or under triage. The involvement of experienced EMS physicians in the first line response and medical incident command played an important role in this. Post incident personnel care and debriefing was handled differently between systems.

Discussion/Conclusion
The official reports after July 22, have commended the EMS response. There are however several issues of improvement that have been attended to at a variable degree.

Biography
Stephen J M Sollid earned his medical degree in Lübeck, Germany. He is a certified anaesthesiologist and works predominantly in prehospital emergency medicine as a HEMS doctor for the last 13 years, currently at Oslo University Hospital HEMS in Norway. He has a PhD in risk management and patient safety and is today associate professor at the University of Stavanger in prehospital critical care and dean of the Norwegian Air Ambulance Academy. His research interest are in patient safety and prehospital critical care medicine.

SESSIONS & PROGRAM

POSTER SESSIONS

Alghamdi, A., Almutairi, R., Felemban, D., Seoane-Vazquez, E., Rodriguez-Monguio, R., Szeinbach, S., (n.d.), Orphan drug designations and approvals by the U.S. Food and Drug Administration and the European Medicines Agency. Massachusetts College of Pharmacy and Health Sciences, University of Massachusetts–Amherst, the Ohio State University.

Badawoud, E., Alshehri, N., Alqahtani, S., Seoane-Vazquez E., Rodriguez-Monguio, R., (n.d.), Assessing differences in the characteristics of the new pharmaceuticals approved by the Food and Drug Administration and the European Medicines Agency. Massachusetts College of Pharmacy and Health Sciences University, University of Massachusetts.

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Corn, C., Klepser, D.G., Dering-Anderson, A., Schmidt, M,. (n.d.), Healthcare resource analysis of influenza-like illness. University of Nebraska Medical Center College of Pharmacy.

McCready. (n.d.), A rapid diagnostic test certificate program for community pharmacists. University of Nebraska Medical Center College of Pharmacy.

Harmon, T. C., Worrall, T., Jenrette, D., Fominaya, C., (n.d.), Retrospective case-control study comparing twice daily insulin glargine and insulin detemir in veteran patients with type 2 diabetes. Veterans Administration.

Hartley. T.A.,Violanti, J.M., Mnatsakanova. A., Andrew. M.E., & Burchfiel, C. M. (2013). Military experience and levels of stress and coping in police officers. National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention and University at Buffalo. International Journal of Emergency Mental Health and Human Resilience, 2013, 15(4), pp. 229-240

HOST NATION DAY SCIENTIFIC PROGRAM – 06.08.14

Chair **LtCol MC (R)** **Stavrou** **GER**
Maj. Gen. MC (R) **Kasulke** **USA**
Maj MC (R) **Drews** **GER**
Time **14:15 tos 17:00 hrs**
Modus **10 Min Talk, 5 Min Discussion**

Time	Theme	Speaker	Head of Speaker	Institution
	Conecpts and Organisation			
14:15	Medical Train, Assist and Advice – Experiences as a Medical Advisor ISAF 2014	Col MC Dr. Backus	RDML MC Dr. Apel	KdoSanDBw, Koblenz
14:30	SOST. Special Operations Surgical Team	LtCol MC Dr. Unkelbach	Capt MC Dr. Wilm Rost	BWK Hamburg
14:45	Training „War“ Surgeons. Limitations in preparation.	Col MC Dr. Lieber	Col MC Prof.Dr Willy	BWK Berlin
15:00	Temporary Isolation units in hostile Environment	LtCol MC Dr. Wiemer	Col MC Dr. Busch	Fachbereich Tropenmedizin BWK Hamburg, am Bernhard-Nocht-Institut
15:15	Restructuring modern interdisiciplinary emergency departments.	Dr. Barbara Hogan		Emergency Dpt. Asklepios Hospital Altona, Hamburg
15:30	Emergency Departments led by Anaesthesiologists. Concepts and Preparation for Missions.	LtCol MC Dr. Schoenfeld	Capt MC Dr. Benker	Notfallmedizin/ Anaesthesie, BWK Berlin
15:45	Break			
	Surgery / Treatment			
16:00	Genitourinary Trauma in Combat	Maj MC Dr. Keilberth	Col MC Prof.	Urologie, BWK Ulm Dr. Sparwasser
16:15	Treatment Concepts for Vascular Injury in Combat	Cdr MC (R) Dr. Peter Fellmer	Cdr MC (R) Dr. Peter Fellmer	Gefäßchirurgie, Universitätsmedizin Leipzig
16:30	Abdominal Trauma in Combat. Where are we now?	Capt MC Dr. Wilm Rost	Capt MC Dr. Wilm Rost	Hamburg BWK
16:45	Leber/ Pancreastrauma - Treatment Strategies	LtCol MC (R) Dr. Stavrou	Prof. Dr. Karl Oldhafer	Asklepios Hospital Barmbek; Hamburg