

new concept of regional emergency medical care in case of mass trauma and a methodology for its realization have been developed. They are based on the most rational and economically acceptable organizational, medical, and diagnostic principles and methods. Simple and safe methods for the provision of total intravenous anesthesia have been developed. These methods do not require the use of complex narcosis equipment and compressed gases. The anesthesia methods were applied to more than 1,200 victims with multiple trauma-induced injuries and/or crush-syndrome. Based on the author's experience and the models for rendering the emergency surgical care to the victims, it has been established that these general anesthesia methods increase the capacity of surgical brigades by a minimum of 30 victims per day. A transfusion therapy complex for treating victims with severe crush-syndrome also has been developed and tested experimentally. As the results of application of the experimental use of the new complexes, all of the animals survived as did the injured extremities following functional rehabilitation. If realized in the treatment of victims in mass casualty situations, use of the proposed concept for the functioning of a field hospital with 80 beds to treat victims with traumatic injuries based on the principle of availability of reasonably sufficient amounts of material and technical supplies and of medicines and personnel, would allow provision of highly efficient emergency medical care to 400 such victims per day. At the same time, temporary hospitalization of the victims would last 4–6 hours; and the safety of their transportation by road and by air would improve significantly. Regional centers that actually would be engaged in establishing and coordinating the services of emergency medical care in the countries members; in improving the readiness of these services for massive numbers of casualties; and in working out the planes of joint activities. This plan stipulates the time-limits and a list and succession of essential measures and actions that will be performed by the country suffering from the disaster and the countries providing the humanitarian aid to it, including the provision of mobile military and civil fields hospitals.

Conclusion: Only the described strategy can lead to real success, i.e., to a significant decrease in the lethality and numbers of complications among the disaster victims without utilization of difficult and expensive methods of treatment.

Keywords: anesthesia, field; disasters; earthquake; efficiency; field hospitals; medical care; plan; surgery; trauma; victims
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Presentation of Armed Forces Health Service / Veterinary Service of SAF

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The Veterinary Service of the SAF has operated autonomously within Armed Forces Health Service since October 2001. The beginnings of Veterinary Service go back to the time just after the war for Slovenian independence in 1991, when m.sc. Peter Levstek began working in a Canine unit. Four NCO-veterinary technicians and four

CO-Doctors of Veterinary Medicine work in the Veterinary Service of the SAF. They obtain ongoing continuing education in Slovenia and abroad, so they can continue to be highly qualified for completing all tasks for which they are responsible.

Beginning in 2000, the Veterinary Service of the SAF has combined the activities four units: (1) A military working dogs healthcare unit; (2) A unit for epizootology; (3) A unit for food hygiene; and (4) A unit for the breeding and training of military working dogs. The Veterinary Service of the SAF cooperates closely with civilian institutions according to a professional consultative body under Article 50 of the Veterinary Practice Act. In the area of water analysis, the Service cooperates with the Institute of Public Health and in the area of food of animal origin, it cooperates with the National Veterinary Institute - Institute for Food Hygiene.

Keywords: civil-military cooperation; dogs; epizootology; food; forces; Service; Slovenian Armed Forces; veterinary
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Federal Armed Forces School of Dog Handling

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This paper provides an overview of the available training programs and veterinary services at the Federal Armed Forces School of Dog Handling.

Training programs prepare the dogs for the services they provide. These dogs are used to guard premises in Germany and are also deployed at military camps abroad.

Based on the dog's assigned role, specialty training is provided. At present, special canine training includes: (1) detection of explosives; (2) detection of drugs; (3) search-and-rescue efforts; and (4) explosive ordnance disposal (EOD dogs). These specially trained dogs are required for service in the various branches of the army (e.g., airborne infantry and the military police), and they are heavily employed during assignments abroad. Preparations for a pilot course to train mine-sniffing dogs currently are under way. In the future, service dogs earmarked for specialization will be trained in a new training center that has mock training scenarios set up in shelters to facilitate the entire range of canine specialty training.

The veterinary clinic includes facilities to provide preventive treatment and diagnostics and to treat sick animals. It is also responsible for purchasing new service dogs. The clinic is furnished with the latest medical equipment (instruments for x-ray, Doppler ultrasound, and endoscopy) and its staff includes a senior veterinarian specializing in small animals. The purchase of new service dogs is of paramount importance. In addition to their suitability, prospective dogs will be examined mainly with regard to their general health, skeleton structure, and teeth. X-ray examinations are done to check for any hip, elbow, and teeth defects. A special computer program is available to verify the given age of a dog on the basis of its tooth structure.

Veterinarians train every student handler in first aid and conduct preparatory courses for medical officers (veterinarian) scheduled for deployment abroad, which focus on

practical animal medicine.

Keywords: armed forces; clinic; diagnostics; dogs; examination;

Germany, purchasing; training; veterinarians;

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Retinal Detachment Following LASIK: Management and Outcome in an Army Hospital

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Objective: Eight patients with retinal detachment (RD) following LASIK surgery were operated on in an army hospital. Specific problems during their operations and their outcomes are described.

Method: The group included one patient with flap tear and PVR-A (PVR = proliferative vitreoretinopathy); two patients with flap tear and PVR-B; three patients with giant tear and PVR-C; and two with dialysis and PVR-C. Scleral buckling was performed on three patients, while others underwent vitrectomies. Six patients required one operation apiece, and two others were operated on more than once.

Results: After the retinal detachment (RD) operation, visual acuity (VA) was better than 20/50 in 50%, but others did not achieve equally good results, or lost visual acuity.

Conclusion: Surgical treatments of RD following LASIK are especially difficult for surgeons. However, in about half of the cases, good VA will be restored, while the other half will lose a significant part of their vision.

Keywords: retinal detachment; LASIK; scleral buckling; surgery; visual acuity; vitrectomy

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International Civil-Military Cooperation as Responding to Public Health Emergencies Associated with Weapons of Mass Destruction

The Sigonella Protocol: Results of a 1999 Meeting to Plan the Medical Response to the Release of Biological Weapons

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The U.S. Department of Defense, realizing that preparedness in the United States for a Biological Warfare/Biological Terrorism [BW/BT] attack was insufficient, began to develop protocols on U.S. installations for dealing with a BW/BT event. Since 1999, additional rounds of planning have occurred on many bases, including Sigonella, Italy, sponsored by the U.S. Soldier Biological Chemical Command. The most important overarching issue is that U.S. forces potentially must deal with coordination with host nation

governments should U.S. forces overseas be involved in a BW/BT event. Consideration must be given to the fact that other nations may have slightly different priorities and concerns than do the U.S. military commanders. When dealing with the event itself, the first objective is to minimize the impact on the military and civilian populations. Epidemiological methods will be critical in identifying the presence of a deliberate attack, defining the scope of the incident, and tracking progress of the incident. Coordination between medical assets and security forces is essential to minimize any spread by agents capable of causing secondary cases.

Two major medico-legal issues are isolation and quarantine. Governments must have a plan in place to balance the needs to protect the uninfected public and treat suspected cases with compassion and courtesy. Decontamination procedures in a BW/BT event usually will not be as prominent a part of the picture as in chemical events. Finally, authorities must have a coordinated risk communication plan. This will reassure the public when warranted, counter rumors and misinformation, and dispel perceptions of government secretiveness.

Keywords: attack; biological warfare/tiological terrorism

[BW/BT]; civilian; command; epidemiology; medico-legal issues; methods; military; plan; reassured

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“Alert Not Alarmed” - The UK Perspective

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Public safety and confidence depends on timely, clear, and coherent information to the public by trusted and consistent sources. The UK public would deserve and demand official advice and information quickly and appropriately targeted.

Who talks to the public?

The UK Government Civil Contingencies arrangements that cover both deliberate and accidental disruption, place control and command responsibilities at a local level — usually in the hands of the police. Government support, advice, and co-ordination is managed centrally by officials, and, where necessary, by Government Ministers (politicians).

The system for managing emergencies places the main responsibility in the hands of the appropriate Government Department — known as the “lead” department — for terrorist incidents. This is the Home Office (Ministry of the Interior, but other Departments’ officials and Ministers would have key roles in informing and warning the public — for example, health, transport, education.

The UK arrangements also allow for the police or other authorities to ask for military assistance — “Military Aid to the Civil Power” — but, the military does not have a specific role in giving out public information, although they may assist the police in evacuating areas, helping to maintain cordons, but it does not play a role in maintaining or restoring public order. Recent emergencies in the UK — notably, inland flooding, the foot and mouth disease outbreak, and the 2002–2003 fire dispute — have involved the