

of the hospital in the different treatment sites. This overview facilitates focusing on the weak points of the hospital. Hence, the results assist in drawing conclusions that enable improvement in future exercises and responses to real events.

Keywords: analgesia; medical evacuation; prehospital

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Main Importance of Training in Air-Medical Evacuation

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Introduction: Air-medical evacuations are performed by military and civilian organizations, often in cooperation with each other or in a conjugated way. Evacuations are an important resource for out-of-hospital medicine. It is required in the most diverse situations, from the simple transport between health units to the aid of victims of catastrophes.

Methods: The aim of this study was to characterize the type and quality of medical assistance provided in-flight by the Portuguese Air Force, and analyze the healthcare provided.

Results: Medical assistance, in the aeronautical context, does not constitute a concrete professional area in Portugal. However, although, great progress has been achieved. As a consequence of the high deficit of training observed, there still is a dissonance between the theoretical ideologies and the practice, which compromises the quality of the assistance provided.

Conclusions: Medical assistance in air-medical evacuation missions always should be performed by medical crew members with strong knowledge and abilities. This only is possible by eradicating the lack of training, and by establishing training models and requirements that will overcome the existent deficits.

Keywords: air-medical evacuations; medical assistance; Portuguese Air Force; training.

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Aero-Space Medical Challenges

Military-Technical Cooperation—Portugal-Mozambique in Aeronautic Medicine

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In the scope of the Military-Technical Cooperation with the Republic of Mozambique, the Portuguese Air Force has participated in the Project 3—“Support to the Organization and Functioning of Marshal Samora Machel Military Academy”. The Air Force has responsibilities for advising the implementation of the aeronautic pilot degree.

In the search to guarantee the sustainability of the project, the advice given extended beyond the academic dimension and also included the areas of selection and medical support.

Through an initial assessment of the needs, and awareness that aeronautic medicine constitutes one of the necessary foundations to a safe practice in all aviation activities, the creation of an Aeronautic Medicine Department was considered.

The essential conditions, and the process for candidate selection for the aeronautic pilot course were determined. In addition, regular medical updates were provided to those already enlisted.

The procedures/norms must be adjusted to the Mozambican reality, considering the socio-cultural differences and the inherent particularities to the influence of the specific diseases of this African region.

Participation in the aeronautic medicine training allowed for a wide and mutual experience.

Keywords: aeronautic medicine; cooperation; Mozambique; Portuguese Air Force

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Civil-Military Relationships

Evolution of Civil-Military Relationship Concept in NATO: Requirements for Medical Cooperation in the Field of Reconstruction and Development

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This presentation highlights the evolution of requirements, capabilities, and the role of NATO in contributing to reconstruction and development (R&D) efforts in theaters of operation. The audience will learn about the three levels of civil-military medical cooperation (tactical, operational, and strategic).

The aim of this presentation is to identify, on a demand-driven basis, how NATO military medical actors in synergy with national and international civilian actors, can help to meet the needs for R&D support in operations.

Specific objectives:

1. To provide an overview of the needs for military engagement in R&D support in operations;
2. To deepen and broaden the knowledge of the relevant R&D support provided by the civilian international community in the theaters of operation; and
3. To identify key NATO military medical capabilities that can help meet the needs of operational commanders as well as of the authorities of the host nation in their R&D efforts.

The participants will receive guidance in outlining the definition and scope of civil-military medical cooperation; receive insight on the area of interest and responsibility for NATO; and a common understanding on where Alliance medical forces can add value in civil-military relationships and specifically in R&D efforts.

Keywords: civil-military relationship; scope of cooperation; medical cooperation; reconstruction and development efforts

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Migrants' Health—New Challenges

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At the beginning of the 21st Century, the world is witnessing an unprecedented movement across geopolitical, cultural, and epidemiological borders. Each year, approximately 200 million people, 8% of the world population, cross the borders of his/her country of origin. Approximately one million registered persons permanently cross the EU external borders each year.

Migrants reflect the conditions and medical background (including health beliefs and health behavior) of their

country of origin. These may be significantly different from that of the host country. Rare, re-emerging, and vaccine-preventable diseases may appear. During transit and while settling in the host countries, migrants will encounter the health risks specific for that epidemiological area.

Migration health received special attention in 2007. Though the EU still has no harmonized migration health policy, the Schengen protocol has no human public health part, and the training of law-enforcement bodies have no detailed warnings on occupational health hazards and ways of prevention in relation to the first contact with migrants.

Military corps on peacekeeping or humanitarian missions may meet people with significantly different health backgrounds and morbidity profiles than those of the country of operation. Both military medical service providers and other participants should be trained and prepared on how to cope with this new, rapidly growing phenomenon.

Keywords: health; humanitarian; migrant; migration; military

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CIMIR or CIMIC, Time to End the Humanitarian Confusion?

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Military forces are measured by their ability to hurt, not by their ability to help. Their historical rationale has been either for protection (defence) or aggression (annexation). Concomitantly, modern military forces comprise all systems to sustain their operations, and therefore, also to assist in humanitarian needs and health action in crisis. Consequently, Civilian-Military Relations (CIMIR) covers a wide range of contact and interphasing, some positive and some negative. The support for the tsunami victims of 26 December 2004 and earthquake victims in Pakistan in 2005 exemplifies the positive contribution. The oppression, as seen in many states under military rules, signals the opposite. Further, the significant difference between a drafted military army and a professional army must be understood.

The term Civilian-Military Cooperation (CIMIC), currently widely used in NATO, is, in this context, confusing. It was originally defined as a “non-lethal combat support weapon”, serving the objective of the troops through activities for “winning hearts and minds”. As such, humanitarian needs are not first priority. In other settings, e.g., peace-keeping operations, parts of military forces are involved in collaborative, well-conceived, and sustainable projects, purely addressing the defined needs of the population. The anesthesia capacity building project in Afghanistan and the MEDCAPS (one day healthcare support to random villages) are both healthcare support, but based on very different philosophies. The anesthesia project is done in collaboration with the World Health Organization and the Ministry of Public Health. MEDCAPS seem more like CIMIC.

Consequently, CIMIR is not purely “black or white”. It also covers all shades of “gray”. As such, CIMIC is but one part of CIMIR and should not be understood as humanitarian assistance *per se*, but should be conceptualized as only one activity

under the larger umbrella of CIMIR. Civilian-Military Relations fathoms cooperation = sharing goals, coordination = sharing processes, and collaboration = sharing resources.

All military forces, including NATO Allies, must elaborate and fine tune its terminology, e.g., CIMIC must not be allowed a stand-alone position, as it will jeopardize otherwise fruitful collaboration both with civilian operational entities as well as recipients and/or supported countries.

Keywords: civilian-military; cooperation; humanitarian; terminology

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Health Systems for Peace and Security

US Navy Asthma Care Practices as Reported by Primary Care and Acute Care Providers

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Introduction: Healthcare system implementation of asthma clinical practice guidelines (CPG) has been challenging.

Methods: To understand the current status of asthma care in the US Navy, medical providers completed an anonymous questionnaire. Questions explored compliance with guideline recommendations including inhaled steroid use, asthma action plans, and spirometry.

Results: A total of 337 providers completed the questionnaire (67% were physicians). For newly diagnosed, mild, persistent asthma, 70% of primary care providers (PCPs) prescribed an inhaled steroid as recommended by guidelines; 70% of acute care physicians would start an inhaled steroid in the acute care setting. The asthma action plan use varied significantly by patient age: 68% of PCPs reported use in the majority of children; only 38% used plans regularly for adults. Action plan use varied by location (medical center > hospital > free-standing clinic) and support staff availability (PCPs with <1.5 support staff were less likely to use action plans). Only 40% of PCPs used spirometry to monitor at least half their asthmatics. Facility type (medical center = hospital > free-standing clinic) and spirometer availability were factors. More support staff trained in patient education tasks was the #1 improvement deemed most likely to enhance asthma care.

Conclusions: Asthma CPG compliance remains low. Identifying barriers to optimal asthma care will be important to managing this chronic disease.

Keywords: action plan; asthma; care; guidelines; US Navy

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