

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



**Mid Winter Meeting 2014 – Brussels (Belgium)**  
**Réunion d'hiver 2014 – Bruxelles (Belgique)**

**Scientific Programme**  
**Programme Scientifique**

**Abstracts of presentations**  
**Résumés des conférences**

**Wednesday – 05 February 2014 - Pre Conference Workshop**

Salle Polyvalente, Queen Astrid Military Hospital in Neder-over-Heenbeek, Belgium.

**"Trauma Team Leadership for the occasional user"**

*Sqn Ldr Tom James RAuxAF and Maj Adam Brown RAMC(V)*

**Program**

- 13:00 Introduction
- 13:15 Forming your team
- 13:30 <C> - Management of the haemodynamically unstable patient
- 14:00 Moulage 1
- 14:30 Feedback and discussion
- 15:00 Coffee Break
- 15:15 Major Head injury
- 15:45 Moulage 2
- 16:15 Feedback and discussion
- 16:45 Summary and close

The fee is €10 and 3 CME credits will be awarded.

For further information and registration contact: Walter HENNY MD Colonel (ret.), Royal Netherlands Army Reserve at [whenny@online.nl](mailto:whenny@online.nl)

1900 CIOMR Walking Dinner at **Club Prince Albert.**

**Thursday – 06 February 2014 - Opening Ceremonies**

- 08:00 Buses depart from Hilton Hotel
- 0930 Opening General Counsel (0930 – 1045) – All CIOR/CIOMR  
(Service dress jacket and tie)
- Admin Remarks by CIOR SG/PermRep
  - OFFICIAL OPENING: CIOR President welcome address
  - CIOMR President address
- 1045 MILREPS join Luns Theatre
- 1100 Welcome to Mr.Pieter DE CREM, Deputy Prime Minister and Minister of Defence and to General Philip M. BREEDLOVE, SACEUR, by Commander Richard ROLL, President CIOR
- 1110 Speech by General Philip M.BREEDLOVE, Saceur,
- 1130 Speech by Mr.Pieter DE CREM, Deputy Prime Minister and Minister of Defence of Belgium
- 1200 Questions & Answers
- 1230 Thank you by Colonel Olaf PENN President CIOMR
- 1240 Guests and MilReps are invited to lunch in Salon des Ambassadeurs to the National Tables
- LUNCH with the GUESTS and MILREPs (13.00 – 14.45)**
- 13:45 Board Meeting
- 15:00 Committee Meetings - Operational Medical Committee  
- Scientific Committee
- 17:00 Transportation
- 18:00 CIOR Award Reception at Club Prince Albert
- 20:00 *Time to be confirmed.* Coaches return to hotels

***Friday – 07 February 2014 - Scientific Session***

- 08:00 Buses depart from Hilton Hotel

- 08:50 Introduction and Welcome by Chair of CIOMR Scientific Committee  
*Lt Col Mark Thibert RCAMC Reserve. Canada*
- 09:00 Stress and burn-out in the military, the personal approach, the next challenge.  
*Hon Med Col Alexander Van Acker, Belgium*
- 09:30 Humanitarian Support by Military Medical Services. *Lt Col Alan Moore MBE TD DL BSc(Hons) FRICS RAMC(V), United Kingdom.*
- 10:00 Disaster Victim Identification (DVI) in Mass Casualty Situations.  
*Surg Cdr Peter Knudsen Royal Danish Navy Reserve*
- 10:30 Break
- 11:00 Canadian Armed Forces Territorial Battalion Groups & Operation Lentus,  
*Maj William Patton RCAMC Reserve. Canada*
- 11:30 Rapid Deployment of a Surgical Unit in Natural Disaster Zones in Haiti. *Lt Col. Philipe May, France.*
- 12:30 Lunch
- 13:00 Panama Medical Readiness Training Exercise (MEDRETE).  
*Maj Marissa Marquez USAFR, NC. United States Air Force Reserves*
- 13:30 Introduction to Post Traumatic Stress-A Family Affair.  
*BG Gerald Griffin (Retired), United States Army Reserve*
- 14:00 ISAF support to Healthcare Services in Afghanistan  
*Wg Cdr Colin Mathieson AE FCMI RAuxAF. United Kingdom.*
- 14:30 Break
- 15:00 SLP Program, *Cdr Brandon Hardin, PharmD, MSC, United States Navy*
- 15:30 The Benefits that of UK Reserve Medical Services to the National Health Service. *Wg Cdr Marie-Noelle Orzel OBE QVRM RAuxAF, United Kingdom.*
- 16:00 Extended Storage of Blood Platelets in a Phase of Hibernation Induced by a Chemical Bioregulator. *Cdr Stef Stienstra Royal Netherlands Naval Reserve.*
- 16:30 Artic Response Company Group. *Captain Renee Gordon RCAMC, Canada.*  
Followed by closing remarks from *Col Mark Thibert RCAMC, Canada.*
- 17:10 Coaches to hotels
- 20:00 Gala Dinner – NATO HQ

### **Saturday – 08 February 2014**

- 08:00 Buses depart from Hilton Hotel
- 09:00 Executive Committee Meeting
- 10:30 Break

- 1100 All CIOR/CIOMR (Service dress or civilian jacket and tie)
- Wrap up (CIOMR SG)
  - Wrap up (CIOR SG)
  - Closing Remarks by CIOMR President
  - Closing Remarks by CIOR President
- 12:00 Lunch
- 14:00 Transport to hotels

*2014 will mark 100 years since the start of the First World War. Within the CIOMR community individual nations are making arrangements to visit historical sites, culminating in the attendance of the Last Post ceremony in Ypres. It is our hope to provide a fitting commemoration of this significant milestone in world history, working alongside our partner nations. Listed below is a simple overview of the event and further details can be obtained by emailing Lt Chris Rankin at*

[sec-scicom@CIOMR.org](mailto:sec-scicom@CIOMR.org).

- 13:00 Hire cars depart NATO for Menin Gate Commemoration – service dress with medals
- 13:00 Travel to respective national cemeteries
- 15:00 Travel to Ypres
- 16:00 Arrive in Ypres
- 19:30 Last Post Ceremony
- 21:00 Return Transport to Brussels

## **Scientific Programme**

### **Abstracts**



**Dr. A.E. VAN ACKER**

***Psychiatry***  
Avenue Louise, 503  
1050 Bruxelles  
Tel 02 649 47 51

## STRESS AND BURN-OUT IN THE MILITARY, THE PERSONALISED APPROACH, THE NEXT CHALLENGE,

16th International Military Mental Health Conference, Brussels, BE

Most armed forces now take good care of the psychological welfare of their personnel.

Probably structurally, because it worked for most other aspects of their functioning, they prefer schematized, generalized approaches. The administration favors rulebook guidance systems, which proved so useful in managing most processes. The “uniform” look of their troops can fool psychologically the staff to believe people to be more alike than they are.

The evidence based approach, based mainly on large scale statistical analysis, tends to offer the best possible solutions in medical issues, and in the prevention and treatment of mental problems offers useful guidelines. However this way of approaching the stress in the military has it's' limits, as any system does. The individual people differ so much in genetic build, personal history, education, upbringing, life experience, ways of perceiving feelings and reacting to them ... that a personalized approach will offer better results in the complicated circumstances of modern peace making and peace keeping.

The personalized approach should not be seen as an alternative to the broader education and training in stress education but as an additional possibility, of giving each individual a bit more insight in his own way of perceiving and dealing with his individual stress patterns.

Actually we are trying to give our troops on mission a better understanding of their individual ways of dealing with life circumstances and give them an introduction and some practice in positive thinking, Schultz autogenic training, basic meditation techniques and telephone stress management. This should give each individual some techniques he/she can use at his/her own discretion, preventively or when the need arises.

Hon Col A E VAN ACKER, MD, BE

### Humanitarian Support by Military Medical Services.

*Lt Col Alan Moore MBE TD DL BSc(Hons) FRICS RAMC(V), United Kingdom.*

Lt Col Moore is a Chartered Surveyor by profession and a Fellow of the Royal Institution of Chartered Surveyors. In his civilian capacity he is employed as the Director of Strategic Capital Development within the Western Health and Social Care Trust and is a member of the Senior Management Team which provides the day to day corporate leadership within the Trust. He also carries principal responsibility as the Trust's SRO for the redevelopment of Altnagelvin DGH (including the construction of the new cross border Radiotherapy Centre) together with the construction of new SW Hospitals in Enniskillen and the Enhanced Local Hospital in Omagh.

Lt Col Moore first joined the TA in 1973 and has served in a number of Units throughout his career including Infantry, Royal Signals, CIMIC and latterly as an MSO within the Army Medical Services where he has served as Regimental 2IC with 204 Fd Hosp(V) prior to assuming his current appointment with 2<sup>nd</sup> Medical Bde at York as OC of the Army Medical Services Operational Headquarters Support Group.

During his TA service in Northern Ireland, Lt Col Moore has been involved as initiator and principal planner for Exercise Medical Bridge designed to enhance cross border collaboration between both Ambulances Services with CCRF support from the Reserve Medical Services.

This exercise was seen as a major initiative which supported the Army's Normalisation process within Northern Ireland and also assisted cross community and cross border relations, together with raising profile of the Regular and Reserve Medical Services within the Province.

Lt Col Moore also centrally supported the development of the DHSSPS implementation protocol in response to the MoD's Command paper relating to healthcare needs for Service personnel, their families and veterans. This was formally

launched in August 2009 in the presence of the then Northern Ireland Health Minister and the then UK Armed Forces Minister, Mr Kevan Jones MP.

Lt Col Moore was also the principal planner for the BATLs course held at the Curragh, Co Kildare in September 2010 for the Irish Defence Forces Medical Corps. This course, approved by the MoD and Irish Government, saw the historic return of uniformed British Army personnel to the Curragh for the first time since the Partition of Ireland in 1922.

In October 2013, Lt Col Moore was instrumental in the delivery of a cross-border Disaster Assistance Course run at the United Nations Training School, Ireland which involved UK and Irish Military Medical Personnel working alongside members of the International Humanitarian NGO community.

For his service to the Reserve Forces in Northern Ireland, Lt Col Moore was awarded an MBE in 2008.

In 2009 he was appointed a Serving Brother of the Order of St John and in the same year was made a Deputy Lieutenant for the City of Londonderry.

**Introduction** (Times New Roman 12 pt and a max of 150 words)

The contribution of Military Medical Reservists in the delivery of cross-border emergency medical response and disaster assistance training to the Health Services, Military Medical Services and Humanitarian NGO's between 2007 and 2013.

**Methods**

Through the use of networking both in my civilian capacity as a Senior Health Service Executive and as a Medical Reservist to achieve greater cross border emergency response collaboration between Northern Ireland and the Irish Republic.

**Results**

This achieved greater enhancements in cross border collaboration involving the health sectors of both Northern Ireland the Republic of Ireland in collaboration with the military medical chains of command of both jurisdictions and resulted in more effective combined emergency responses to potential incidents involving mass casualties.

**Discussion/Conclusion**

The presentation will seek to demonstrate the value to the Medical Reserves of their personnel being able to influence, through their civilian roles, enhanced international collaboration between States and their Militaries.

## **Disaster Victim Identification (DVI) in mass casualty situations**

**Surgeon Commander Peter J. T. Knudsen RDNR**

Advisor in Forensic Medicine, Danish Defense Health Services

Associate professor, Deputy State Forensic Pathologist

Institute of Forensic Medicine

University of Southern Denmark, Odense, Denmark

When the rescue work is over, the main preoccupation will be the identification of the deceased. This led by the police, but the forensic pathologist has a key role working with fellow experts such as forensic dentists, geneticists and anthropologists. The main stumbling block for this kind of work is the logistics and the cooperation with the local authorities and locating *ante mortem* information. Though a military medical background is not a necessity, it can be



very useful when dealing with such situations. As an officer you are used to working with hierarchal organisations, and as a medical officer you know the intricacies of the medical world that you are dependent upon for a successful identification. Staffing for a DVI operation is a problem, and the military, and the military reserves are obvious sources, as we have now implemented in a small way, inspired by our Norwegian colleagues.

**Canadian Armed Forces Territorial Battalion Groups & OPERATION LENTUS**

*Major W.R. Patton, CD, MD*

*41 Canadian Brigade Group Surgeon, 15 Field Ambulance, Canadian Armed Forces Health Services*

The Canadian Armed Forces has developed Territorial Battalion Groups (TBG) and Arctic Response Company Groups (ARCG) centered on Reserve Canadian Brigade Groups, in order to provide military support in aid to civil authorities across a spectrum of domestic threats and environments. This force employment structure provides a scalable, independent response. Health Services Support (HSS) is provided by the integral TBG HSS Platoon. The Bow Valley floods in June 2013 placed Southern Alberta, Canada at risk. 41 TBG was stood-up as part of a total CAF response (OP LENTUS) to the Government of Alberta's request for assistance in flood mitigation. This was the first time in Canadian history that the TBG model was used and it proved a resounding success. From a HSS perspective, lessons reinforced include focused training, the importance of developing relationships, and maintenance of operational readiness. This presentation will discuss the TBG/ARCG construct, and the OP LENTUS experience.

Major Patton is currently the 41 CBG Surgeon and is based in Edmonton, Alberta, Canada. His operational experience includes international deployments as a Medical Officer in Syria as part of UNDOF, and as Officer Commanding the Multinational Medical Unit / Role 3 in Kandahar Afghanistan as part of OP ATHENA. Most recently, he was employed as the OIC of the HSS element of TASK FORCE SILVERTIP, the TBG engaged in flood mitigation efforts during OP LENTUS in Southern Alberta. In his civilian practice, he is employed as an Emergency Physician with the Emergency Surgery/Trauma Service at the University of Alberta Hospital, Canada and holds the rank of Associate Professor.

## Rapid Deployment of a Surgical Unit

### in Natural Disaster Zones

Haïti, January 2010

**Philippe May<sup>1-2</sup>, Jean Catineau<sup>2</sup>, Christian De Canlers<sup>2</sup>, François Valette<sup>3</sup>**

*<sup>1</sup>Armed Forces Biomedical Research Institute (IRBA) – Brétigny-Sur-Orge – France*

*<sup>2</sup>Medical Unit of French Civil Security Unit N°1 – Nogent le Rotrou – France*

*<sup>3</sup>French Civil Security Unit 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.

#### **Methods**

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.

#### **Results**

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 a tremendous 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.

Panama Medical Readiness Training Exercise (MEDRETE)

Major Marissa Marquez USAFR, NC

United States Air Force Reserves

The military has played a significant role in providing humanitarian assistance globally. Engaging globally for humanitarian as well as training and education, the military annually conducts many assistance Humanitarian assistance projects under the Overseas Humanitarian, Disaster, and Civic Aid program. In August 2012, I deployed to Panama for USAF Panama MEDRETE, a humanitarian and civic assistance mission. In a nine day period over 9,000 local citizens received medical, optometry, dental care, women's health and immunization. The Panama Ministry of Health and Panama National Police, and local civilians worked collaboratively with more than fifty U.S. Air Force and Air National Guard personnel during this operation. The success of this mission was due to the collaborative efforts of all members of the mission team. My primary role was one of the clinical nurse and as International Health Specialist (IHS). The purpose of this presentation is to share my experiences and lessons learned.

### **Biography**

Marissa Marquez is a Major in the United States Air Force Reserves at 752<sup>nd</sup> Medical Squadron at March Air Reserve Base, Riverside. Maj Marquez is a Clinical Nurse and an International Health Specialist with the Air Force Reserve Command.

Maj Marquez has been deployed as a Launch and Recovery Nurse in Germany and has been a part of medical missions and global health care activities in Cambodia, Indonesia, Philippines, Singapore, Thailand, Panama, Colombia, Dominican Republic, Denmark, Switzerland and Poland. She has been a presenter at military nursing symposiums and medical conferences in the Philippines, Thailand, Arizona and Seattle. She also presented at the 18<sup>th</sup> World Congress in Disaster and Emergency Medicine in Manchester, England. She is an active member of a number of prestigious U. S. and international and medical associations.

Having completed her BS in Nursing and MS in Business Administration Health Care Management, Maj Marquez is a Doctor in Nursing Practice (DNP) student at the University of San Diego, San Diego California and is working fulltime as Nurse Evaluator II with the California Department of Health Care Services.

***Maj General Gerald Dieter Griffin***

***Pharm.D., M.D., FACFM,***

is on 'retainer' pay, as are all 'retired' US Army soldiers, but especially those in critically needed medical specialties.... Dr. Griffin is currently Medical Director at Monterey County Visiting Nurses Ass'n and Hospice for Veteran's Care, Education and Projects. He is now on the Clinical Faculty of The School of Pharmacy and Health Sciences of the University of the Pacific after a long absence from academia, last at Stanford University School of Medicine, in Emergency Medicine&Surgery. His book, "The Last Day of Winter:Secrets from the Seasons of Dying" deals with issues at the end of life, based on his 20 years plus as a Palliative Care & Hospice physician. Jerry is fully engaged in 'translational' medicine & pharmacy research , focusing on mTBI & PTS, having presented & published papers on their molecular biology at CIOMR and in Military Medicine, AMSUS Journal. His family has accused him of having failed at 'retirement' several times.....

Dr. Griffin's educational background is degrees from the University of California at Berkeley (A.B), the University of the Pacific (Pharm.D), the University of Juarez/Case Western Reserve University (M.D. and Internship), and Brooke Army Medical Center (Residency in Emergency Medicine).

#### Introduction to Post Traumatic Stress-A Family Affair.

Post Traumatic Stress is introduced from a 'patient & family' perspective. PTS is defined, and described. The symptoms are discussed, as are the causes, which are not necessarily war or combat related. Families are also victims of PTS.....and ALSO need treatment, along with the soldier/veteran.....

PTS is a long-term condition, and may be recurrent, or simply go away over time. PTS may be worsened by lack of after-war /after trauma absence of treatment. Treatment may not be available or simply ignored or refused.

## **ISAF support to Healthcare Services in Afghanistan**

Wg Cdr Colin Mathieson AE FCMI RAuxAF

Officer Commanding 4626 Squadron, RAF Medical Reserves

## **Introduction**

Wg Cdr Mathieson was deployed to Afghanistan in Sept 10 to Apr 11 in the role of Medical Liaison Officer working within the Helmand Provincial Reconstruction Team. This is an International, joint civil-military multi-agency organisation working to support the stabilisation, transition and sustainability of the Islamic Republic of Afghanistan. The Medical Liaison Officer has a responsibility to visit each of the Districts within Helmand, to assess existing Health facilities capability and infrastructure and to offer key recommendations for future development of healthcare provision and establishment of sustainable community education programmes. The role requires extensive Key Leader engagement between Afghan Ministries, District Councils, Healthcare Professionals, Non Government Organisations and both US and UK military and civilian District Stabilisation Teams to ensure plans are agreed, supported and implemented. As a result of his achievements during this tour Wg Cdr Mathieson was nominated for Outstanding Reservist of the Year, The National Military Awards 2011.

## **Biography**

Wing Commander Colin Mathieson joined the Reserve Forces in 1985, initially with the Territorial Army then transferring to the RAF Reserves and 4626 Squadron in 1987. He deployed in support of OP GRANBY in 1991, then again on OP TELIC in 2003 and most recently on OP HERRICK in 2010. He was selected and appointed as OC 4626 Sqn in 2013.

SLP Program

Brandon W. Hardin

## Commander, Medical Service Corps

### United States Navy

Commander Hardin is a native of Southaven, Mississippi, and was commissioned as a Lieutenant in the summer 1999 through the Navy Health Science Collegiate Program. He graduated from the University of Mississippi with a Bachelor of Science in Pharmaceutical Sciences in 1997, and a Doctor of Pharmacy Degree in 1999.

His first duty was at Naval Medical Center, Portsmouth, Virginia, followed by tours at Branch Medical Clinic, Meridian, Mississippi, serving as the Head, Clinical Support Services, and Naval Health Clinic, Charleston, South Carolina, serving as Department Head, Pharmacy. He then deployed to Afghanistan supporting Operation Enduring Freedom as a pharmacist mentor on an embedded training team at the Afghan National Army's largest military hospital located in Kabul, Afghanistan. Following this deployment, he completed an overseas tour serving as the Department Head, Pharmacy at the U.S. Naval Hospital, Sigonella, Italy.

Commander Hardin is currently stationed at the Defense Health Agency, Medical Logistics Division, in Fort Detrick, Maryland. He is married to the former Joy Vinzetta of Southaven, MS, and they have two children, Graham (age 18) and Collin (age 14).

## The Benefits that of UK Reserve Medical Services to the National Health Service.

Wg Cdr Marie-Noelle Orzel OBE QVRM RAuxAF

UK National Vice President CIOMR

Wing Commander Orzel joined the RAux F in 1988. She completed her registered nurse training in the Queen Alexandra's Royal Naval Nursing Service and served from 1979 –
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1985. During this period she served both at RNH Haslar and RNH Stonehouse as well as being detached to RAF Wegberg for part of her training. Her professional nursing expertise is in emergency and children's nursing and on leaving the RN worked in London and Oxford in both clinical and academic settings.

She joined 4626 Sqn in 1988 as an Aircrafts Woman and was the first member of the Sqn to be commissioned from the ranks whilst deployed in support of OP GRANBY. During her time on the Sqn, Wing Commander Orzel has completed numerous aeromed missions worldwide. As a result of her aeromed experience she also supported the Department of Health response to OPERATION IRMA when a number of civilians injured in the Bosnian conflict were evacuated to NHS hospitals throughout England. As part of her civilian career development she was seconded to the University of Pennsylvania USA as part of her studies for a Post Graduate Diploma in Education and an MSc in Advanced Health Care practice. During this period she was able to continue her reservist commitment by working with a local Air National Guard unit. Since 2002 she was Director of Nursing & Patient Care at the Royal Devon & Exeter NHS Foundation Trust where she was an executive director responsible for approximately 2,500 nurses and midwives. She moved to become Director of Nursing at North Bristol NHS Trust in Feb 2010 where she is the executive director responsible for approx 5,500 nurses & midwives. IN 2012 appointed as Interim CEO for North Bristol NHS Trust, a £550 million organising, employing 9000 staff and delivering tertiary specialist and general acute services as well as children and adult community services. She completed a Post graduate Diploma in Management & Leadership and was awarded the OBE for service to the NHS and Nursing in 2005.

Wing Commander Orzel currently lives in Bristol. She strives to stay fit and has run several half marathons. Walking is one of her keen interests and she regularly plans challenging trips the most recent being climbing Mount Kenya. Is currently in training to attempt Mount Cotopaxi in Ecuador as well as complete her first mini triathlon.

***Commander Stef Stienstra***

*1-CMI Command, Apeldoorn, The Netherlands*

**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).

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.

## **Health Services Support to the Arctic Response Company Groups**

R.A. Gordon

*23 Field Ambulance*

*Canadian Health Services Primary Reserves*

In response to the growing strategic importance of Canada's Arctic region, the Canada First Defence Strategy mandates a significant Canadian Forces presence in the Arctic. The Arctic Company Response Groups (ARCG) is the Canadian Armed Forces approach to land based Arctic Response capabilities. The ARCG concept focuses on domestic and expeditionary operations and has been tasked to the Canadian Army Reserve for force generation and implementation.

This presentation outlines the structural concept of Health Services Support to the ARCG highlighting five key operational considerations specific to the provision of adequate medical support to arctic operations by the Canadian Health Services Primary Reserves. These considerations include: force generation of personnel, appropriate training, adequate equipment and supplies, the expanse of time and space with limited infrastructure, and lastly the types of injuries sustained and considerations for casualty management and the chain of evacuation during arctic operations.

Captain Renee Gordon has been a member of the Canadian Health Services Primary Reserves since 2005. Capt Gordon started her career as a non-commissioned Medical Technician, and now serves as a General Duty Nursing Officer. Captain Gordon has a Bachelors of Science in both Kinesiology and Nursing, as well as a Masters of Science in Global Health. In her civilian career Captain Gordon works as a Registered Nurse in the Emergency Department at St. Josephs Hospital in Hamilton, Ontario, Canada.

28<sup>th</sup> January, 2014

National VP`s

Ladies, Gentlemen, Colleagues, Friends,

I have the pleasure making the call for papers for the forthcoming 2014 Summer Congress, due to take place in Fulda, Germany from 04AUG14 until 08AUG14. The theme for the meeting is

***“Long term effects from deployments of reservists,  
(rehabilitation; mental problems; resilience training, provider fatigue/  
burn-out/suicide).***

Additionally, we are looking for poster presentations. This is an opportunity to share your work with our members and your peers. We strongly encourage you to provide a clear background, objective, method, result and significance.

The deadline for papers and poster abstracts is the 1<sup>st</sup> June 2014. I have taken the liberty of attaching an abstract form and there are additional copies on our web site. Speakers will be informed by 15<sup>th</sup> June 2014.

I would like to thank you in advance for your contributions and please do not hesitate to contact me with any questions that you may have.

Yours sincerely,

*Chris Rankin*

Lieutenant  
United Kingdom Royal Naval Reserves

Secretary, Scientific Committee

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