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; reassuranced
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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 Deportment — 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 far 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

military in operational functions, and their spokesmen have taken part in broadcast interviews — but purely at a factual operational level.

The major issues still under review include: (1) Who is telling me? and (2) Can I trust them? Authorities must face the "fright factors" and "media triggers" and be ready in advance. But, there is a danger in having off-the-shelf, pre-prepared material that does not cover the precise details of a particular disruptive incident. Better to have generic material that can be adapted and pre-arranged conduits that can accept material at a few hours' notice.

Keywords: civil-military cooperation; command; communication; control; emergencies; government; information; preparedness; public; responsibility; United Kingdom;
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The Sagbata Project

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The Dutch and Swiss government and NATO Civil Emergency Planning have initiated the Sagbala Project. The Project supports the need to enhance the protection of population in NATO and EAPC member countries against attacks with Weapons of Mass Destruction (WMD) with chemical, biological, radiological, and/or nuclear (CBRN) agents. The Sagbata Project will result in the creation of a set of tools (awareness raising/training support/decision support) to be used in WMD incidents for use by policy advisors to the political level. The initial subject matter area for these decision-support tools will be biological incidents. The tools will contain cause-and-effect relationships about consequence management in the early, uncertain phase of a WMD event.

The Sagbata tools are (named after the African god of smallpox) can be used by policy advisors to political decision-makers to prepare for a WMD event. The tool will help to provide insight in the consequences of the possible decisions taken during the various stages of a WMD disaster. This decision-support tool will be developed for awareness raising and training purposes. The tool eventually may be developed further into an operational, decision-support tool.

Keywords: chemical, biological, radiological, and nuclear (CBRN) agents; decision-makers; decision-support; NATO; planning; policy; Sagbata Project; tool; training; weapons of mass destruction (WMD)
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Development of an Operational Component in the International Committee of Military Medicine for Militaries to Support International Outbreak Alert and Response

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Since 1921, more than 100 military health services have participated in the International Committee of Military Medicine (ICMM). The objectives of ICMM include: (1) Providing technical resources; (2) Preparing responses to disasters; (3) Promoting the implementation of a network of experts; and (4) Participating in training in the field of International Humanitarian Law. Currently, an agreement of cooperation exists between the ICMM and the World Health Organization (WHO). A main goal approved by the last General Assembly of ICMM is the fostering of International Civil-Military Cooperation in responding to disasters. The disasters included can be the consequence of natural or technological events or conflicts. They include physical, radiological, chemical, and biological hazards of natural, accidental, or deliberate origin. There is a very high impact associated with the use of biological weapons and the fact that terrorism must resort to attacks using such weapons to activate fear in the target population. In such a context, the use of biological weapons must be regarded as a true threat. Currently, the WHO is implementing a program to alert possible victims and develop responses to emerging diseases, including epidemics of deliberate origin. In Washington during September 2004, a draft of a standardized agreement will be proposed to the General Assembly of the ICMM, which, if approved, could be used by the WHO to negotiate with the government of each member state of the ICMM, for the participation of its Military Health Service in responding along with civilian responders to public health emergencies in the international arena.

Keywords: alert; biological weapons; civilian Military cooperation; international assistance; International Committee of Military Medicine (ICMM); public health emergencies; response, international; World Health Organization
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Civil Military Cooperation through the Laboratory Response Network

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The Laboratory Response Network (LRN) is a national system designed to link state and local public health laboratories with other advanced-capacity, clinical, military, veterinary, agricultural, water, and food-testing laboratories including those at the federal level. The LRN is a critical component of CDC's public health mission, enhancing U.S. readiness to detect and respond to bioterrorism incidents. Operational in August, the LRN has the ability to detect and respond to agents that are released by a bioterrorist as well as those that occur naturally. There currently are 120 LRN reference laboratories in the U.S. and Canada, and further expansion is planned. In addition to bio-threat agents, the LRN is expanding to include the ability to detect chemical agents. The CDC's role through the LRN is to support the public health infrastructure, which is defined by pubic health laboratory work. Standardized laboratory protocols are available for each agent through a secure web site. In addition, CDC is mandated to produce, validate, package, and ship reagents for most of these screening and confirmatory procedures. Training and a proficiency-testing program also are provided by the CDC. The LRN played a critical and successful role in the U.S. response to the bioterrorism-related anthrax incidents of 2001. The LRN laboratories, including those of the military, tested >125,000 clinical specimens and environmental samples involving approximately