

# M I S C E L L A N E O U S

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## SIXTH INTERNATIONAL SEMINAR FOR YOUNG ARMY DOCTORS

Since 1959, international seminars for young army doctors are periodically organized under the auspices of the International Committee of Military Medicine and Pharmacy. Each seminar takes place in a different country, and the sixth in the series was held at Libourne (France) near Bordeaux from 18 to 28 September 1972. It was directed by General Dr. Lenoir, Chief of the Army Medical Service in France, in the presence of Div.-Col. Kaeser, Chief Medical Officer of the Swiss Army, who is head of the international seminars. Seventy army doctors from twenty-four States all over the world attended the 1972 course.

Instruction in the different subjects took the form of a talk followed by a discussion and practical demonstrations. They included specific questions pertaining to war medicine and surgery and to medical tactics. In the latter field, stress was laid on collecting points and evacuation of wounded, especially in situations involving a very large number of casualties caused by the use of nuclear, biological or chemical weapons.

French army doctors were responsible for a lion's share of the instruction dispensed, but some lectures were also given by doctors from Belgium, the Federal Republic of Germany, Italy, Spain, Switzerland, the USA and the USSR, as well as by a representative of WHO.

A representative of the ICRC, Mr. de Mulinen, who is the head of one of its divisions, was present at the course and read two papers, the first of which, on the subject " The ICRC and the army medical services ", was presented at the official meeting at Bordeaux

chaired by General Simon, Inspector-General of the French Land Armed Forces. The second paper, the text of which has already appeared in the September issue of *International Review*, dealt with " Signalling and identification of medical personnel and material ".

The highlight of the course was the introduction of the *Elément médical d'intervention rapide* (EMIR) (Medical unit for quick intervention). On the basis of experience gained from relief operations set up to aid victims of natural disasters as well as of armed conflicts, the French constituted as early as 1964 a military medical unit which is flexible in its use, is very quickly brought into action and enjoys extensive logistic autonomy, and improvements are constantly being made.

It is possible for EMIR in its present form to put into operation 27 different combinations employing personnel whose number may fluctuate between 23 and 53 men, and a total mass of material, including non-medical equipment, varying from 17 to 48 metric tons. The different variants, ranging from strictly surgical to strictly medical assignments, and including medico-surgical cases, with or without hospitalization, allow the most logical use to be made of possible relief formations, according to the actual needs of the countries requiring assistance. Moreover, the tonnage of each variant corresponds to a clearly indicated figure known in advance, thus permitting valuable time to be gained when drawing up flight plans of transport aircraft, and therefore enabling the departure of missions to be advanced.

In this way, one of the primary requirements of immediate emergency assistance, if ICRC experience of relief action is brought to mind, would be satisfied, and that is always to adapt the means operated to the situation on the spot where action is to be applied. For example, in Yemen, the ICRC set up a tent operation field hospital, with facilities for all essential personnel required, while, in Nigeria, it provided, on the one hand, surgical teams operating in existing hospitals employing local nursing staff and, on the other hand, organized teams of medical nutritionists working in infirmaries set up in the bush.

But EMIR's sphere of action is wider still and it breaks new ground in rendering available at all times a special unit reserved exclusively for relief operations. It is basically different from the system whereby certain units, varying according to circumstances, are drawn from general army reserves, such as, for instance, a mobile field hospital which may be only temporarily available.

A unit such as EMIR provides today the best possibility to meet medical needs. In the case of an armed conflict, only its military character may seem to be unsuitable. But that is not a real problem, for the demilitarization or neutralization of the unit with its personnel and material can easily be prepared beforehand, as far as may be necessary, if its special assignment is known.

As medical assistance on a large scale may be needed at any point, or even at several places at the same time, it would appear desirable to set up a world-wide network of EMIRs. Not all countries may, of course, be able to afford such formations, but a widely distributed system of EMIRs, of "humanitarian task forces" as they have been described, could constitute a worthy contribution which the richer States could make towards the less fortunate areas of the world.

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## **INTERNATIONAL CONFERENCE ON SOCIAL WELFARE**

The XVIth International Conference on Social Welfare for which the responsible body was the International Council on Social Welfare, a permanent world organization with headquarters in New York, was held from 13 to 19 August 1972. The theme of the Conference was:

**Developing social policy in conditions of rapid change — the role of social welfare**