

Annex A – NATO/PfP WORKSHOP ON ENVIRONMENTAL AND INDUSTRIAL HEALTH HAZARDS AND PUBLIC HEALTH CONCERNS IN INTERNATIONAL MISSIONS

14 – 15 October 2004, Umea, Sweden

A.1 MEETING PRESENTATIONS

NATO's Updated Nuclear, Biological and Chemical Agent Threat Evaluation
LTC Cornelis Wolterbeek, NATO WMD Centre

Lessons from the DoD Gulf War Illnesses Research Investment – Neuroepidemiology, Environmental Exposures, and Soldier Well-being
Col Karl E. Friedl, Ph.D., U.S. Army Research Institute of Environmental Medicine, Natick, MA

UNEP Post-Conflict Activities
Pekka Haavisto, Chairman, UNEP Post-Conflict Assessment Unit

Deployed Environmental Health Risk Management in the Canadian Forces
Chris Knowlton, EIH/PHC Project Director, National Defence Headquarters, Canada Bulgarian

Experience in Medical Support of Bulgarian Military in Peacekeeping Missions
Julian Raynov, MD, PhD, Head of Department, Military Medical Academy, Bulgaria

Inventory of Chemicals and Risk Assessment at Metal Factory in Kosovo
Rauno Pääkkönen, Finnish Institute of Occupational Health

Lessons learned from Kosovo concerning hazardous chemicals – example of hydrocyanic acid in Mitrovica
Yves Kovalevsky, French Army NBC-Defence Center

The Qarmat Ali Water Treatment Plant, Southern Iraq: UK EIH Policies and Procedures in Action
Maj Ken Roberts, Defence Medical Services Department, UK

Swedish Experience from Africa (Democratic Republic of Congo and Liberia)
Maj Claes Ivgren, Joint Forces Command J4, Swedish Armed Forces

Malaria outbreaks during the operation Unicorn (Ivory coast). Lessons learned to improve forces protection
Dr. Remy Michel, Inst de Médecine Tropical du Service de Santé des Armées, Marseille, France

Operational health and safety requirements and identifying short term and long term research and development to meet their needs
Maj Yvonne Severs, CD, MSc, DRDC Toronto, Canada

Risk Assessment in Finnish Peacekeeping Missions
Kyösti Lehtomäki, Cpn, Finnish Defence Forces

Swedish Experience from Kosovo in Mapping Risks Other Than Attack (ROTA) and Associated problems
Anders Grönlund, former Head of GIS Cell, KFOR, Kosovo

US Department of Defense Deployment Health Surveillance Program
Dr. Craig Postlewaite, Department of Defence/Health Affairs

Predeployment Environmental Risk Assessment
Maj Herman Steenbergen, Dutch Army Forces, The Netherlands

GIS and Internet as resources for distributing know-how to Swedish missions
Christina Edlund, FOI NBC-Defence, Sweden

These presentations from the 1st EIHH can be viewed and downloaded from www.eihh.foi.se

A.2 CONCLUSIONS

A.2.1 Successful Meeting

- It was generally agreed that the Umea NATO/PfP Workshop had been successful and that it was worthwhile to continue with meetings dealing with health-related issues of troops on operational deployments.
- The Netherlands promised to investigate hosting the meeting next year.
- The follow-on meeting should focus on particular themes instead of general discussions of EIHH and PHC-related problems.
- Sweden volunteered to keep the workshop website open and updated until the next meeting is scheduled. All relevant EIHH and PHC information that participating nations can provide to populate the website is welcome (<http://www.eihh.foi.se>).

A.2.2 Information Sharing

- The sharing of open source information in the form of websites, website links, databases, books, and other material might be a useful starting point for wider collaboration. This would cover all background data useful for information collection regarding EIHH/PHC issues in different parts of the world. Sweden volunteered to collect this information and make it available to the workshop participants.
- Official national information, not subject to severe security restrictions, but for example, classified “for official use only,” cannot be made available unrestricted. It was suggested that such information could be compiled anyway and protected through limiting access. Nations could receive access on request or through a password.
- Compilation of open source and official information could become a deliverable from HFM-057/RTG-009.
- It was made clear by the NATO WMD Centre representative that NATO is organising databases for information sharing among NATO and Partner nations. Therefore, NATO would be willing to assist in organising databases for EIHH and PHC topics.

A.2.3 Governing Body

- It was recommended that a body to champion EIIH and PHC-related issues be found. Whether that body should more appropriately belong to the CBRN or medical community was a point of discussion.
- One way forward would be to write a consideration paper for inclusion of EIIH and PHC-related issues in a suitable task or working group to the DGP (Senior Defence Group on Proliferation; reports to the North Atlantic Council) for policy guidance.
- The questions are: 1) whether EIIH/PHC issues lie within the domain of CBRN force protection, 2) the responsibilities and involvement of DGP, and 3) whether this lies within the domain of the health care community. In the case of the latter, the alternative would be to request guidance from COMEDS (the Committee of the Chiefs of the Military Medical Services in NATO; COMEDS is the senior military medical body of the Alliance, and reports directly to the Military Committee). For operational-level work it would be preferable to task an existing working group, rather than establish a new one for this purpose, and LG-7 (Landgroup 7, which reports to the NATO Army Armaments Group) should be involved.
- As many of the participants of the workshop had met in HFM-057/RTG-009, this group could carry the EIIH and PHC torch while the possibility of a permanent home is under investigation. Given that this debate is largely a medical or CBRN issue, it is clear that regardless of who takes the lead, considerable liaison will need to be maintained between the two communities.

