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The Advanced Hazmat Life Support Program is feasible and meets the continuing education needs of healthcare professionals around the world.

Key words: hazardous materials, life support care, hazardous waste, disasters, hazmat

72. COUNTERPROLIFERATION, BORDER SECURITY AND COUNTERTERRORISM SUBJECT-RELATED LAWS AND REGULATIONS, INCLUDING EXPORT CONTROL REGIMES IN SOUTH-EASTERN EUROPEAN COUNTRIES (14)

Dr. Slavko Bokan

MOD, Defense Policy and Planning Department
Ilica 256 b, HR-10000 Zagreb, **Croatia**

Each nation's laws should prohibit development, acquisition, or transfer of WMD-critical items and should make it a crime to violate that prohibition for hostile purposes.

Thus, WMD proliferation should be illegal everywhere, powerfully reinforcing the norm against acquisition of such weapons as well as facilitating law enforcement and trans-national legal cooperation. Provisions applicable to threats should be harmonized. National laws should address threats and should ensure prosecution of offenders or extradition to another State for prosecution.

The scope of legal jurisdiction over such crimes should broadly reach the behaviour of legal entities in trans-national smuggling and weapons development conspiracies.

A priority question is precisely which activity should constitute a criminal offence. It is relatively straightforward to make the use of WMD a crime; but it will be necessary to reach preparatory steps that can encompass innocent behaviour or even legitimate scientific inquiry.

Bio-terror preparations, for example, may employ the same materials, equipment and techniques as undertaking legitimate disease research. Standards must be developed to instruct law enforcers as to what behaviour merits criminal investigation to prevent a hostile attack. Similarly, legal measures must define "WMD" items, including chemical and biological agents that are non-lethal but incapacitating to humans as well as agents that are lethal as to animal or plant life.

If WMD proliferation is criminalized, each State's law enforcement officials must work jointly with their counterparts in other States by sharing information, conducting investigations, and prosecuting apprehended terrorists.

State cooperation both in gathering intelligence and using that information to prevent criminal activity is undermined, however, by lack of coherent legal instruments. Currently, there is no integrated database of State laws concerning production or use of WMD; it is difficult to know what gaps exist, much less fill them.

All this suggests that, to fulfil obligations under UNSC Resolutions 1540 and 1373, States must

enact harmonized criminal prohibitions and authorization for law enforcement cooperation in order to establish a seamless web of security among all nations. Failure to do so implicitly poses a threat to international peace and security.

One of the main issues which deserve to be further addressed and which prompts the continuation of the Southeast Europe Counterproliferation, Border Security and Counterterrorism (CBSC) Working Group is to harmonize national laws and regulations that deal with deterring, detecting and interdicting WMD.

Inventory of relevant CBSC subject-related laws of the Southeast Europe countries, including Export Control Laws was created and prepared for further consideration and harmonization by judiciary experts, with the aim to develop "model laws". Let me very briefly present you the main features of the SEDM CBSC subject-related laws and regulations.

This paper will present that inventory which includes the membership in the international Conventions, Treaties and Arrangements and also the membership in Multilateral Export Control Regimes of Southeast Europe countries. Also, it will be presented the membership in the international legal instruments that play an integral part in the global fight against terrorism.

Key words: WMD Counterproliferation, Export Control Regimes, International Legal Instruments, Southeast Europe countries

73. POSSIBILITIES FOR HOSPITAL TREATMENT OF INDUSTRIAL ACCIDENT VICTIMS IN MILITARY MEDICAL ACADEMY (14)

Col. Prof. Dr. Veljko Todorovic, Miodrag Jevtic,
Dusan Jovanovic, Jasmina Jovic-Stosic
Military Medical Academy/ Head of Patient Treatment
Department, Belgrade, Crnotravska 17, **Serbia**

Possibility of mass injuries in traffic, industrial accidents or terrorist attack is every day reality. Management of victims may need complex measures including activities on the site, transportation, and hospital care. Preparedness for hospital treatment of mass trauma or poisoning is among the main duties of Military Medical Academy (MMA).

It is medical institution of tertiary level with the capacity of 1214 beds in 13 surgical clinics, 12 internal medicine clinics, 2 neuropsychiatry clinics, poison control centre and organ transplantation centre. National Poison Control Centre is the only specialized institution for treatment of adult's acute poisonings in the country. Centre includes:

1. Clinic of Toxicology and Clinical Pharmacology with Intensive Care Unit and Toxicology Information Department;
2. Institute of Experimental Toxicology and Pharmacology;
3. Mobile Toxicological - Chemical Squad. Being a part of MMA, Centre benefits from all advantages of central type hospital, including possibilities for



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contemporary diagnostic and therapeutic procedures of different specialities, and other necessary medical and logistic support.

Except hospital organization and preparedness for admission of mass injuries victims, one of strategic goals of MMA is functional integration in civilian health care system including more detailed planning for collaboration in case of chemical accidents.

74. INOCULATION POLICIES IN RESPONSE TO BW ATTACKS: ADDITIONAL FACTORS TO CONSIDER (2)

Dr. Peter M. Leitner

National Center for Biological Defense and Infectious Diseases
George Mason University
Fairfax, Virginia, **USA**

When viewed on its own merits, the debate over who should be inoculated during a period of biological emergency is a rather straightforward public policy decision. The classic public policy "balancing act" decision-making model is defaulted to as issues of fairness, efficiency, cost-effectiveness, adequacy of supply, mission performance, and constituencies are arrayed and adjudicated. This mainstream approach is appropriate as far as it goes but it also exemplifies a series of structural and perceptual weaknesses when applied to wartime or localized terrorism scenarios.

In fact, the establishment of a vaccination policy appropriate to a flu pandemic falls squarely within this mainstream debate. Although the notion of a pandemic carries an assumption of a great many fatalities it does not possess the fear quotient, uncertainty, horror, unnaturalness, or inevitability of a bio-terror or biological warfare incident. As a result, the reliability and responsiveness of key personnel responding to a flu pandemic should be less of an issue than it will be in the event of an intentional man-made biological incident.

The principal policy weakness in instances an intentional bio-attack stems from a generalized failure, or refusal, to systematically study the behavior of key personnel, first-responders, soldiers, or critical senior leadership during severe crises occurring in their own backyards. In other words, when the "balloon goes up" how many of your responders and critical personnel will show up for work?

This presentation considers many of the "unaddressed" factors that experience has shown may have a determinative effect upon the efficacy of a response to a biological incident. Lessons are drawn from experiences of US forces station in the former West Germany, US Defense Department Continuity of Operations Programs, Hurricane Katrina, and the 9/11 attacks on the United States.

75. UPDATE: HEALTH STATUS OF IRANIAN VICTIMS OF CHEMICAL WEAPONS / ONGOING RESEARCH PROJECTS ADDRESSING CW HEALTH EFFECTS IN IRAN (12)

Dr. Shahriar Khateri M.D.

Chemical Warfare victims Research Program
Janbazan Medical & Engineering Research Center
JMERC, **Iran**

Use of chemical weapons against Iran during the 1980s was a horrifying epic in the annals of modern warfare, inflicting enormous suffering during the conflict that continues to the present day in the form of latent illness among survivors.

Surviving victims suffer from a diverse range of chronic illnesses placing an enormous strain on the nation's medical infrastructure. To define the scope of this problem, the National Organization for Veteran's Affairs (Janbazan) established a subsidiary research department called Janbazan Medical and Engineering Research Center (JMERC).

Beginning in 2000 JMERC has conducted epidemiological, clinical and basic scientific studies to characterize disease among chemical attack survivors and develop new therapeutic strategies. The primary JMERC mission has been to identify where resources may be allocated so as to most effectively treat patients with the greatest need - requiring a comprehensive picture of the major medical problems among this population. Accordingly, JMERC's initial task was to define the nature and distribution of serious chronic illness among CW survivors.

Therefore epidemiological studies in CW-exposed Iranian populations are currently underway. Ultimately these studies will allow management of illness among CW-exposed populations that is both compassionate and cost-effective.

A summary of the abovementioned research projects will be reported in this article.

Key words: Chemical Warfare, Mustard Gas, Nerve agent, Iran-Iraq War

76. THE APPROACH TO BIOTERRORISM INCIDENTS IN TURKEY (6)

Ass. Prof. Levent Kenar, Turan Karayilanoglu, Mesut Ortatagli
Gulhane Military Medical Academy, Dept. of Medical NBC Defense, Ankara, **Turkey**

Achieving an adequate level of planning and preparedness for terrorist events involving unconventional weapons, such as the intentional release of nuclear, radiological, biological, and/or chemical agents is a great challenge for Turkey. However, since bioterror agents possess different properties than other conventional attacks like the need for decontamination and the need for personal protective equipment, etc., special plannings should be



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