MEDICAL INTELLIGENCE: BELGIAN EXPERIENCE

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These days governments receive frequently requests in order to send soldiers to conflict areas all over the world. They could be deployed for instance as military observers, mine experts, peacekeeping or peace enforcement troops. Medical Services from different Armed Forces all share the same concern: how do we get our boys safe and healthy back home again?

We therefore have to assess the four health pillars in operations:

1) we have to be sure one is **well prepared** and **medical fit** for a particular operation in a certain region;
2) we have to know what **medical hazards** occur in that region and take the best **preventive measures** available;
3) we have to provide sufficient **medical support** for our troops in this region;
4) we have to be aware of potential risk behaviour, and do all we can to prevent it.

Medical Intelligence has been defined as that category of intelligence resulting from collection, evaluation, analysis, and interpretation of medical, bio-scientific, epidemiological and environmental information. It also includes the assessment of foreign medical capabilities in both military and civilian sectors. *(AMedP-13 verbatim).*

In fact, Medical Intelligence is a tool that enables to decide what instructions with regard to preventive measures will be issued and what medical facilities will be deployed.

It is a process that starts automatically the moment experts in for example tropical medicine are consulted, or when people from the implicated region are questioned. Indeed, those are excellent sources of information. Yet, informatics supply more powerfull ways to gather and assess information, to create intelligence.

Anyway, we have to stay humble, and keep in mind that, how well informed we might be, there is no such thing as the truth. Keen discussions took place when a contingent of Belgian troops in March 1996 was sent to the Baranja, a part of Eastern Slavonia. The question was whether these men should be vaccinated against tick borne encephalitis or not. Although everybody agreed that the region was highly endemic, some arguments against vaccination emerged. It was strictly forbidden to soldiers to walk outside the compounds on non asphalted roads. Moreover, they were not allowed to wear shorts nor shirts without sleeves. So how could they get bitten by ticks? This expensive vaccination campaign, wasn't it in fact overkilling? Still, all 600 men got vaccinated. Afterwards, August 1996, it appeared that two thick bites had occured. One on the scrotum of an ambulance driver, one on the groin of an officer with a pure administrative job. The latter consulted for a growing birth mark!

We also have to be flexible. It was decided not to vaccinate Belgian soldiers, who were to be deployed to Albania in 1997, against Neisseria meningitidis (meningococcus). However, when it appeared that all Italian troops in the same area received this vaccine, Belgian soldiers got it too. This was a matter of conformity. Even if it would seem usefull to discuss such issues between medical staffs in advance, it might appear very hard to obtain an agreement in all matters.

And let us be pragmatic. The vaccination policy of the Belgian Forces provides only a vaccination against tuberculosis for health workers who will be working in local hospital facilities or refugee camps in an endemic region for at least 3 months. Those who don't work in such places but stay at least three months, and health workers who do work in that kind of situations for less than three months, are checked with a Mantoux test before leaving and, when they don't react, once again 8 weeks after returning. Isoniazide is given during six months to anyone with a conversion. This procedure seems very reasonable, but in reality doesn't work. It appears to be too time-consuming. Nevertheless, taking into account that soldiers deployed to TB endemic regions should be in good condition, well--nourished and do not get into close contact with sick locals, this „doing nothing but observe" attitude might not be so wrong.

Nevertheless, a good vaccination policy and a correct chemoprophylaxis against malaria, when indicated, cannot preserve one from all infectious hazards. Indeed, only a fairly small number of infectious diseases can be covered, and even for those 100 per cent protection quite often can't be guaranteed. So, other preventive measures are to be taken and, very important, constant alertness has to remain. It is not always very rewarding to take preventive actions against certain kinds of risk behaviour. For example, it seemed that the incidence of traveller's diarrhoea in a group receiving no advice in this matter and in a group receiving full explanation about what to eat and drink and what not, was fairly the same. But this must not dis-courage us. Instead, we have to find out the reasons for this phenomenon. Observing people might be rather unfeasible. Why not asking them

through a questionary? These can provide lots of answers.

328 Belgian soldiers coming home from a four month stay in Central Africa in 1994 filled in a questionary about sexual behaviour. 56 % admitted that they had sex with local women, 24 % that they had unsafe sex. The study clarified why unsafe sex happened. Many people thought mistakenly that orogenital sex was fully safe. Others got after a while convinced that their sexual partner was safe. And accidents happened: 3 % of the condoms teared and 1 % slipped of during intercourse *(Stefaan van Erps, non published data)*.

So vaccination policies and malaria prophylactic regimes will always regenerate discussions.

And risk behaviour, whether due to unsafe sex, drinking alcohol and recklessly driving or inattentive consumption of local food, will always remain a major concern to all of us.

But Medical Intelligence has to consider many other topics as well. How and where to evacuate heavily injured soldiers? Are there suitable airstrips? What can local health care facilities offer? Is their blood banking safe? These and many other questions demand a well documented profound analysis of local infractructure and health care system. Those informations, so far as they are available and reliable, should be shared freely among nations involved in such region.

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