



## Armed Forces Health Service and Public Health Service

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MGI (2S) Raymond WEY

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Autres thèmes

### **"Military medicine is to medicine what military music is to music."**

By modifying what Georges CLEMENCEAU had said about military justice, the author of this pastiche was above all making a falsehood showing a lack of knowledge of what medicine is to armies! Indeed, from the initial training of men and women, who are its soul and its armed arm, to the application of good diagnostic and therapeutic practices, medicine is perfectly identical to the daily medical life of their civilian colleagues. In fact, medicine in the armed forces is only a distinct ecosystem, as it is interrelated with its biotope, its military environment and the specific conditions of its employment. This ecosystem creates a complete, coherent and experienced health structure, whose aim - and most characteristic singularity - is to be able to save lives in isolated, hostile and/or extreme environments. In doing so, today even more than in the past, the modes of action in which the military health care worker is specially trained also find their place in the management of situations brought about by current events, making the military health care worker an intervener not only within the armies, but also for the benefit of the nation as a whole, whose resilience he or she contributes to.

### **A carer...**

It is a truism to recall that military carers come from the same university melting pot as their civilian colleagues. Are there not in their ranks personnel who did not choose to be military from the very beginning of their training courses? Isn't the recruitment of reservists based on the criteria of the professional and technical qualifications they hold? The list of parities is of very limited interest. The same courses of study at the same universities or paramedical training institutes, identical clinical training courses, provided in both civilian and military environments; the same examinations taken under the same conditions and with common sanctions. Given the current organisation of medical studies,

like civilian students, military students will have to confront their vocation with the factuality of the new modalities. In view of the current organisation of medical studies, like civilian students, military students will have to confront their vocation with the factuality of the new methods of classification at the end of the second cycle of medical studies, this "sesame" for the practice of general medicine or the various specialities. As far as paramedics are concerned, specialization remains, for the time being, a choice made after a period of general nursing practice.

## **...adapted to a specific biotope...**

These absolute similarities, however, hide a fundamental singularity of vocation: the military nurse has chosen to share with his comrades-in-arms the specificity of the military condition which, by its very nature, integrates all the risks of combat, for which they are trained during their operational preparation. They also know that their essential mission of rescuing and caring for wounded combatants will require them, at all times and regardless of their mode of exercise, to master at the highest level of excellence the weapons that are theirs, the weapons of life. Absolute availability and technical adaptation to the operational function specific to the military biotope profoundly changes the approach to the exercise of its art. The appropriation of this singularity begins as soon as he enters school during his military, technical and operational training adapted to his future function. This early learning of techniques and operational practices enables the acquisition of action synergies that will make him an indispensable player in the chain of care for the wounded in combat. These training courses, initial and continuing, are the only way to ensure cohesion and mutual trust between the different levels of this care chain which, by contracting space and time, makes it possible to win the battle for the survival of the wounded. They also ensure the constant improvement of the quality of operational support for the forces, which makes France one of the few Western nations capable of being the first to enter, and able to deploy, in any theatre. This enables France to be one of the few Western nations, capable of being the first to enter, able to deploy, in any theatre and in the shortest possible time, a complete, coherent, autonomous and reactive "health" chain offering the wounded the certainty of having every chance of survival with the minimum possible after-effects.

## **...actor of a particular ecosystem...**

This ecosystem, which constitutes the armies and is designed to meet their needs, has constantly adapted to adjust to the many reforms that have affected not only the armies, but also the public health care service, for which it has had to adopt the legal constraints. In order to preserve its operational capacity, it has been led to model its organisation around five closely interrelated components: forces medicine, military hospitals, specific training, the supply of health products and biomedical research.

By definition the closest to the units of the three armies and the national gendarmerie, forces medicine is adapted to the diversity of employment environments and missions to be carried out. Diagnostic and care medicine for the benefit of all Armed Forces personnel and their families is practised in medical centres and their branches. These local structures are subject to very high operational constraints, which are not limited to the availability or initial care of the injured soldier. physical or psychological, but also to their follow-up and support until their rehabilitation, throughout a process that can be

painful, difficult and long. It is also on this network that the prevention of illnesses, risks and injuries affecting the health of the soldier is based. The medical fitness check initiated during the selection process and the establishment of an individual medical profile and systematically checked during statutory medical check-ups. This marker of the evolution of the health hazards of the soldier and of the physical and psychological consequences of his employment enables the armed forces to employ personnel with a state of health compatible with the missions assigned to them at all times and to prevent aggravation. With their full role in epidemiological surveillance, continuous training, operational preparation and research, and as pilots of the cross-cutting nature of the individual care and monitoring of military personnel, the forces medical structures are not isolated. The hospital component plays a key role.

Armed forces training hospitals fulfil a dual mission, one of medical support to the forces and the other of participation in the public hospital service, for which they are subject to accreditation and certification procedures and standards, thus forming a coherent whole. This component is currently organised around two military hospital platforms, one in the Ile-de-France region, the other in the PACA region, organised around the PoThe military hospital platforms of excellence in surgery, intensive care, psychiatry and multidisciplinary medicine, as well as four training courses more or less affiliated to their health territory, depending on their situation. This hospital model constitutes the pool of specialists arming the operational structures for the rescue and care of the wounded in theatres of operation, in particular the hospitals and hospitals for the elderly. This hospital model provides a pool of specialists to arm the operational structures for the rescue and care of the wounded in theatres of operation, in particular surgical and resuscitation teams, whose training in traumatic war emergencies and availability must be constant, as must psychiatric teams. These teams contribute to the internal transmission of practical knowledge, experience and know-how specific to medicine to the armed forces.

The training of its personnel for essential missions has always been at the heart of the military medical ecosystem. The concentration of initial, specialized and continuing training on two components ensures their coherence. The first one, constituted by the Army Medical Schools of LYON-BRON, completes the university training with the first military achievements. The second, the École du Val-de-Grâce, brings together all the training specific to employment environments and their particularities.

The supply of health products for the armed forces is original in its field of action because it involves a rigorous approach to sizing flows and supply stocks of materials and products as closely as possible to operational needs. This approach cannot be dissociated from an indispensable anticipation of future needs, linked to the modernisation and optimisation of the capabilities to be held to meet the new threats that combatants may face. It is also based on galenic productions provided by the Armed Forces Central Pharmacy and which meet the specific needs of armies.

The work of the research component is driven by changes in these military or environmental threats, natural or aggressive, emerging or old. The centres of interest of military biomedical researchers are directly adapted to the needs of the armed forces, naturally concerning, among other things, nuclear, radiological, chemical or biological threats and risks, transmissible diseases or questions of ergonomics and adaptation of combatants to their environment and to new technologies.

### **...additional to the public health service and beyond...**

This analysis of the unique capabilities of the military medical ecosystem quickly reveals, before it is made fully clear, the impact of its specific capabilities on the public health service and beyond national boundaries. All too often, crisis situations are required to make this obvious.

This was the case, among others, in November 2015 during the attacks that plunged France into mourning or at the beginning of the same year, when the epidemic due to the Ebola virus struck Guinea.e and the authorities turned to the Army Health Service to open a treatment centre in Conakry for local health workers, who had been badly affected by the disease. This deployment validated the Army Health Service's ability to respond urgently to a biohazard mission, an essential step in operational research conducted in this area of emerging and/or exotic epidemic crises.

Biomedical research, which is part of the national research strategy, involves partnerships with the academic community and the defence and non-defence industry in sectors as varied as, for example, tea, medicine and biotechnology.cell transplantation, studies and tests on sensory perception or electroneurophysiology, imaging and high-performance computing, artificial intelligence, bio-analytical capability or the effects on humans of extreme physiological stress.

Another field of intervention beyond its natural biotope and at the request of the Ministry of Solidarity and Health, it produces potassium iodide tablets for the benefit of the entire population, which would be used in the event of a nuclear incident, as well as providing the Nation with a stockpile of strategic treatments.

In addition, its workers are in a position to ensure the transmission of their know-how during the training and education of public intervention teams in the event of major risks.

The excellence of the training grounds that it offers makes it possible to accommodate, within its hospitals and army medical centres, military and civilian medical or paramedical students. By taking in civilian patients, army training hospitals actively participate in the public hospital service, thus making available to the adult population the wide range of their specialties, including those involving major technical advances, cerebral neuro-navigation, robots and orthopedic surgery or other burn treatment centers. The establishment, in consultation with regional and local health actors, of these close partnerships with the public hospital service allows, as necessary and in accordance with operational needs, mutual sharing of skills and increased integration of these military hospital training courses in their territory. The same is true for the forces medicine component, a credible interlocutor for the regional health agencies and committed to a quality approach that is essential in the context of the future". re-certification" of health professionals, which will have to take into account the diversity of practice methods, including those specific to the military medicine ecosystem.

Three hundred years of history, despite its ups and downs, have forged a healthcare system specific to the armed forces, resolutely oriented towards satisfying its needs and

expectations. Understanding how its organisation is forced to adapt to the needs of its biotope, as well as to the changing obligations of its technical, medical and university environment, allows us to better understand the singularity of the military's organisation. of this ecosystem, whose priority goal is to implement a chain of operational medical support, in all types of environment and conditions of engagement. To do so, it has had to develop areas of excellence and must constantly maintain the highest level of skills. This obligation has made it, beyond its essential mission, a regalian instrument that not only contributes to the Nation's resilience by adding its specific know-how to that of the public health service, but also, through its expertise, offers to France has essential capacities for research and identification, and even treatment, of particular risks to which its nationals living in exposed areas and, more broadly, humanitarian aid contributing to its influence, could fall victim.

The place of the military in the nation is rather well identified, even if its role and importance in the construction of society can be the subject of much debate.

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**Title :** MGI (2S) Raymond WEY

**Author (s) :** MGI (2S) Raymond WEY

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