

# Introduction

I commend the *Canadian Journal of Surgery (CJS)* for publishing its second military medicine supplement in recent years. Military-specific research and knowledge translation are critical to Armed Forces, which must operate in a unique context of extreme environments; exceptional physiological and psychological stresses; and extraordinary operational, occupational and environmental hazards.

This context often complicates or precludes the application of civilian research findings to military populations, such that a need for the application of science to military health issues has long been recognized. In fact, the first scientist in what is now Canada, Michel Sarrazin, was Surgeon-Major to the colonial regular troops of New France, and the original predecessor organization to the Canadian Institutes of Health Research was established in 1938 by the National Research Council of Canada president, Lieutenant-General Andrew McNaughton, to study the medical problems of warfare. Many prominent Canadian physicians and surgeons researched military medical issues extensively, including Brigadier Jonathan Meakins, founding president of the Royal College of Physicians and Surgeons of Canada; Surgeon Captain Charles Best, who led Royal Canadian Navy medical research in World War II; Major Sir Frederick Banting, who led Royal Canadian Air Force (RCAF) medical research and was killed on a military medical research mission; Group Captain G. Edward Hall, who followed Major Banting as head of RCAF medical research and was Western University's longest-serving president; and many others.

Applied military health research remains a responsibility and requirement of Royal Canadian Medical Service officers. Its fundamental clinical and operational importance continues to be highlighted by the health impact of military

and humanitarian operations in many troubled areas of the world. Such research is pursued extensively within the Surgeon General Health Research Program in partnership with Defence Research and Development Canada, other government departments and military allies, but collaborative partnerships with civilian academic and clinical partners are most essential to achieving synergistic benefits to both military and civilian populations. The enthusiastic dedication with which civilian academia supports the Armed Forces in this regard is reflected by the large number of civil-military health research collaborations as well as by the broad 33-university network of the Canadian Institute for Military and Veteran Health Research. The fruits of such collaboration inform the practice, for example, of Mobile Surgical Resuscitation Team members currently supporting our Special Forces in Iraq, as they did the practices of Sunnybrook Trauma Centre clinicians in their response to Toronto's mass shooting casualties in July 2012.

On behalf of the Armed Forces, the Royal Canadian Medical Service and the military and civilian populations they protect, I thank the many *CJS* readers who have so faithfully collaborated with their military medical colleagues in the conduct of mutually beneficial research.

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