nighttime; triage Prehosp Disast Med 2002;17:s30-31.

## Regional Training Course for Radiation Emergency Medicine in Asia

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Introduction: Previous accidents of radiation exposure that required medical care occurred in Chernobyl in 1986, Tokaimura in 1999, and Thailand in 2000. In order to provide information for the appropriate management of radiation accidents, and also to establish a cooperative system for the management of radiation accidents in Asia, the National Institute of Radiological Sciences (NIRS) held a regional training course entitled: "Medical Preparedness and Medical Response to Radiation Accidents" in August 2001 in Chiba, Japan.

Methods: A training course consisting of lectures, drills, and case studies was sponsored by NIRS in cooperation with International Atomic Energy Agency.

Results: Twenty-two doctors from 12 countries participated in the course that focused on the practical aspects of detecting and measuring radiation, managing a patient with acute radiation syndrome or contamination, and preventing the spread of contamination. The case studies of accidents included an outline of critical radiation accident in Tokaimura.

**Conclusion**: This course provided s means to increase the knowledge and skills of radiation emergency medicine, and develop the human network for radiation emergency medical preparedness in Asia.

**Keywords**: contamination; education; international cooperation; radiation

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## International Urban Search and Rescue Team Training: The Stress and Medical Complaints of Taskforce-1 of Taiwan

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Objectives: The Urban Search-and-Rescue (US&R) team of Taiwan Taskforce-1 received "whole-team" training in USA in 2000, the first large-scale, international, US&R training. All divisions including command, search, rescue, medical, technical, and logistics were trained for six weeks. This survey was conducted to evaluate: 1) The physical and psychological problems encountered in the training; and 2) The stress levels and the correlative factors.

Methods: A structured questionnaire including the "Chinese General Health Questionnaire-12" (GHQ-12) for stress evaluation was surveyed for all 68 Taskforce members.

Data were analyzed using SPSS-10.0.

Results: The leading causes of physical and mental discomfort were: diarrhea (30.2%), musculoskeletal sprain (25.4%), depressive mood (25.4%), bad temper (20.6%), and headache(12.7%). More than 50% of the Taskforce members experienced >3 selected discomforts. The medical team had significantly discomforts than did the other groups (p <0.05): The GHQ-12 score for 25.4% defined their high stress level. Higher educated persons and those with chronic diseases or a nervous character suffered more discomforts and stresses (p <0.05). Logistics (p <0.1) and medical (p <0.05) teams demonstrated higher stress levels. Marriage and family status did not influence stress or training efficacy. Of all of the members, 36% won't participate similar programs, and 50.8% cases preferred relocating future training domestically.

Conclusion: Selection of US&R members for international training should be informed. Both physical and mental stresses are of concern. Medical and logistic personnel developed higher stress levels. The adequacy and efficacy of "whole-team"-style training should be refined.

Keywords: adequacy; international training; stress; urban search-and-rescue.

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## <u>Legal Aspects of Disaster Medicine</u> The Right to Health of the Disaster Stricken

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Health is a fundamental and inalienable human right. In the spirit and precept of the World Health Organization, health is defined as "a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity".

A major emergency or disaster destabilizes the "mental and social well-being" of a victim, even if there has been physical "absence of disease or infirmity". As such, the disaster stricken, even if not injured, are diminished in their health, and therefore in their fundamental right to healthcare. Besides all the reasons that society has to help the victims of a disaster, a main reason is also the necessity to ensure one of the fundamental human rights: the right to health.

Keywords: disaster; health; human rights; well-being *Prehosp Disast Med* 2002;17:s31.

## <u>Psychosocial Aspects of Disaster Medicine</u> Psychological Correction and Psychotherapy of Post-Traumatic Stress Disorder in Children and Adult Victims of Natural Disasters

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**Objective**: To evaluate a new programme for treatment of

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