

cooperation with the local health authorities. A total of 27 health facilities were evaluated against the World Health Organization's (WHO) standard of Primary Health Care. **Results:** Of 134 health facilities with an average staff number of 42, serving a population of 1.2 million, 125 were functioning. Thirteen of the 27 healthcare facilities evaluated offered vaccinations and 13 offered antenatal care. Growth monitoring of children was performed in 24, of which 13 had a feeding center, and 14 had laboratories. The survey revealed severe insufficiencies in expertise, logistics, and administrative procedures.

Conclusions: The survey was to be a useful tool in the evaluation and improvement of health care in Northern Iraq. Local health authorities used the survey as a guide for their further investments into health care, and for the development of procedures to improve the sustainability of health care, logistics, and administration. The same method may be used through internationally deployed forces to provide support for rebuilding health care after population displacement.

Keywords: health care; hospital evaluation; population displacement; rebuilding; survey

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Landmines

Chair: Berndt Michael Schneider

Injuries and Deaths from Landmines and Unexploded Ordnance in Chechnya—1994–2005

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Introduction: For more than a decade of armed conflict and civil unrest, the civilian population of Chechnya has been among those most affected by landmines and unexploded ordnance worldwide.

Methods: An analysis of surveillance data on civilian casualties from landmines and unexploded ordnance in Chechnya was conducted. The analysis included 3,021 civilian non-combatants injured by landmines and unexploded ordnance in Chechnya during 1994–2005.

Results: The largest number of injuries occurred in 2000 (716, injury rate 6.6 per 10,000 per year) and 2001 (640, injury rate 5.9/10,000/year). One quarter of all victims were <18 years, and 19% were females. The case-fatality rate was 23%. Approximately 40% of victims were injured by landmines, 30% by unexploded ordnance, and 7% by booby traps. A large proportion of both children and adults were injured while travelling or performing activities of economic necessity. Of children, 29% were injured while tampering with explosives or playing in a contaminated area. Children were more likely to be injured by unexploded ordnance and to sustain upper body injury and upper limb amputations when compared to adults.

Conclusions: The civilian population of Chechnya experienced rates of injury from landmines and unexploded ordnance that were 10 times higher than injury rates reported from other highly affected countries, such as Afghanistan, Angola, and Cambodia. Prevention programs that focus on

mine risk education, survivor assistance, and advocacy must continue and be fully supported. To prevent further civilian injuries and deaths, urgent efforts to identify, mark, and clear areas mined and/or contaminated with unexploded ordnance are needed.

Keywords: civil populations; Chechnya; injury; landmines; unexploded ordnance

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Poster Presentations—Theme 6: Humanitarian Crises

(102) Organization of Work in the Department of Anesthesia and Intensive Care Units during Wartime Bombing

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The bombings of Serbia and Montenegro from March to June 1999 provided professional and living experience for doctors and medical staff from the Surgical Clinic in Pristina, Kosovo. At the onset of the bombings, there was confusion, lack of experience in war situations, uncertainty, and concern for family members. Going to a shelter during the bombings was not possible for the patients and the medical staff of the Intensive Care Unit. Working under such circumstances was made even more difficult for the staff and patients due to power outages, water and food shortages, and the disruption of the central gas networks. To prevent patient injury from broke glass due to bomb detonation, beds and ventilators were moved away from windows. The windows also were covered by scotch tape. Thoracostomy tubes and the central gas supply lines had to be extended in order to move the patients away from the windows. Although there were sufficient supplies of medications and disposable equipment during the war, and that humanitarian help was provided, some of the received medications were outdated and unusable. Transfusion also was a problem.

Working during a period of bombing requires effective organization and poses a number of technical and professional problems.

Keywords: bombing; department of anesthesia; hospitals; intensive care unit; operations; Serbia

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(103) Medical Response from the UK to the Kashmir Earthquake

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Introduction: Scattered responses to humanitarian crises can waste resources and impose additional logistical problems. It has been estimated that small-scale donations to Bosnia in the early 1990s cost (US)\$34 million for disposal. The World Health Organization (WHO) warned of similar problems in the early stages of the Kashmiri earthquake response. The aim of this study was to establish the

number, type, and scale of individual and small group altruistic medical responses to the October 2005 Kashmir earthquake from the United Kingdom (UK).

Methods: A search was conducted of the UK Lexis-Nexus newspaper database from October 2005 to April 2006 using the search strategy: (Pakistan AND earthquake AND (medic* OR nurs* or health)). Reports purely relating to fundraising or to professionals working with international organizations such as Medecins Sans Frontieres (MSF) or the Red Cross/Crescent were excluded.

Results: A total of 460 articles were located, of which 33 were duplicates within the database. Most articles related to fundraising, however, 21 directly reported UK health professionals traveling to or sending medical supplies independently to Kashmir without invitation. Doctors traveling included anesthetists, burns, general, orthopedic and plastic surgeons, emergency physicians, general practitioners and rheumatologists, of all grades from trainee to retired. Nurses, theatre technicians, and therapists also traveled. Reports were found from 14 different regions of the UK.

Conclusions: Despite international pleas to the contrary, the Kashmir disaster resulted in multiple uncoordinated, individual relief efforts from the UK. There is a need for international registration and credentialing of healthcare professionals traveling to disaster zones and more direct management and oversight of their activity.

Keywords: donations; international response; Kashmir earthquake; United Kingdom; wasted resources

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(104) Greek Mission in South East Asia (Thailand-Sri Lanka) after the Tsunami (Operational Drawing “ARGONAFTIS”)

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This presentation describes the organization and operation of the Greek mission in South East Asia, after the South East Asia Tsunami in 2004.

The duration of the Greek mission during first response phase, was from 28 December 2004 until 03 January 2005. The distribution of humanitarian help took place in Maldives, Sri Lanka (Kolombo), and Thailand (Bang-Kong). From February through April, 2005, the mission followed the sanitary operational plan “Argonaftis” in Sri Lanka (Trinkomaale), with the aim of distributing humanitarian help and providing sanitary coverage for the population of this region.

The distribution of the humanitarian help was successful. In 29 days, the total number of patients examined was 1,947. The majority of the incidents (>90%) concerned patients with chronic health problems. Seven cases of urgent transfers were recorded with the hospitalization of the patients at the local hospital. The overall assessment of the mission concluded that it was successful.

Keywords: Greece; humanitarian assistance; sanitation; South East Asia Tsunami; Sri Lanka

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(105) Plans for the Management of the Infiltration of Illegal Immigrants—“Poseidonio”, “Valkanio”

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Objective: To organize and coordinate the actions of the involved institutions and propose the means and processes needed to manage the illegal immigration.

To meet these objectives, the following steps must be taken: (1) the convenient localization and the dislocation that facilitates the trafficking of illegal immigrants, as well as the means that are used for their transport must be contained; (2) the borders of the country must be monitored and controlled; and (3) the entry of illegal immigrants must be prevented.

Results: The processes must be contained by the development and enactment of a

1. Legal framework at the Greek and international levels; and
2. Means, processes, and assessments used by the involved institutions must be standardized.

Conclusion: The effort of illegal immigrants to infiltrate the country and the forces working against them operate on a daily basis. An excellent knowledge of the existing plans from the involved institutions is essential for preventing illegal immigration. Explicit descriptions of the roles of the involved institutions should exist prior to the occurrence of an event. The involved institutions and infrastructures must be coordinated.

Keywords: borders; illegal immigrants; trafficking; management; plans; roles

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(106) Medical Relief Work in the Gujarat Earthquake, 2001

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On behalf of the Indian Society of Critical Care Medicine, Calcutta Branch, and the Rotary Club dist-3290, the authors traveled to the earthquake-affected areas of Gujarat in 2001 to provide relief and aid to the victims. A 10 member team, including doctors and paramedics, started their relief work, making Bhachau (68 km from Bhuj) the main focus of their relief work. Bhachau was the worst affected area following the earthquake. Out of 45,000 people living in Bhachau, approximately 10,000 died due to this disaster. The team arrived with adequate types and amounts of drugs, surgical instruments, and resuscitation facilities. The team observed the city of Bhachau and 72 villages of the Bhacahu taluka, within an area of 140 km x 50 km, completely razed off of the ground. The team worked with the NGOs in this area. The team also worked with military medical units, where members performed many life-saving emergency operations, such as fractures: (1) fractures of the humerus, neck femur, and mandible; (2)