

vigilance, but into apathy.

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Monitoring of Cabinet X-Ray Users

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Objectives: To determine the sensitivity and applicability of the use of film badges for the assessment of radiation exposure to cabinet x-ray users. The use of x-ray film badge for personnel monitoring of cabinet x-ray system users is a requirement of the local Department of Health (DOH) in the Philippines as per Administrative Order DOH AO No40 s1996.

Method: Radiation exposure assessment of cabinet X-ray users was done using the film badge for personnel monitoring.

Results: 252 x-ray film badges that were gathered in 1998 and 1999 at Intel factories in the Philippines showed that the results all were <0.15 mSv for the period which is the lower limit required for detection. The Derived Working Limit (DWL) for the monitoring period is 1.7 mSv/month.

Conclusion: The use of film badge to monitor exposure to x-ray radiation is not sensitive enough to measure the limit of detection for the method, and therefore, is not practical for personnel monitoring of cabinet type of x-ray machine users. It is recommended that the semiconductor and electronics industry association request the DOH to review their requirements for cabinet x-ray systems users based on the results gathered and the limitations of the film badge.

Keywords: cabinet x-ray; electronics; film badges; monitoring; personnel; radiation; semiconductors
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Traditional Surgical Practice and Adverse Health Outcomes Among Refugees in Tanzania

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Introduction: In Tanzania, the UNHCR provides protection and assistance to some 415,000 refugees from Burundi (285,000), the Democratic Republic of the Congo (DRC); 118,000), Rwanda (7,600), and Somalia (4,200). Although Tanzania Red Cross Society and other international NGOs provide medical care in refugee camps, traditional healing practices are popular among and depended upon by the refugees. Among such procedures, uvulectomy is practiced widely by traditional healers, and it is suspected to cause sepsis or neonatal tetanus and subsequent death.

Objectives: To clarify knowledge, belief, attitude, and practice of uvulectomy and its health outcomes.

Methods: In May 2001, structured interviews were con-

ducted with 149 traditional healers and 400 randomly sampled persons in a Congolese refugee camp with a population of about 50,000 in eastern Tanzania.

Results: Among the 149 traditional healers, 39.6%, 45.6% and 14.8% were registered, non-registered traditional healers, and plea leaders. Of the total, 56.8% learned their skills from their family; 25.0% from a traditional healer; and 6.8% were self-taught. Of the traditional healers, 86.6% and 24.1% used herbs and exorcism respectively for treatment of their patients. Of the total number of participants, 73.0% felt that some of their treatments were more effective than were those provided by western medicine; 63.3% trusted and 56.9% cooperated with western doctors. Uvulectomy was practiced by only 4.8% of the healers, but these healer had performed the procedure an average of more than six times, 19.1% thought uvulectomy was effective, 36.9% while believed it to be harmful. The respondents noted that the indications for uvulectomy included vomiting and respiratory problems of infants; an adverse effect was throat pain, bleeding, and death.

Among the 400 refugees respondents, 65.7% had any family member given a uvulectomy; 16.1% answered that it was provided by a traditional healer, but more than half were done by family or other lay persons. More than two-thirds of the respondents thought uvulectomy was effective, while less than half thought it was harmful.

Conclusion: Uvulectomy was a popular, traditional, surgical practice to treat infants with respiratory problems in a Congolese refugee camp. It was performed not only by traditional healers, but also by lay persons, and might lead to increase in infant mortality. Collaborative work was suggested between on-site medical services and traditional medical practitioners.

Keywords: healers; infants; mortality; refugees; respiratory illnesses' surgery; Tanzania; uvulectomy
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Education and Training

Meeting New Challenges in Disaster Medicine Education

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Disaster Medicine has become a recognized sub-specialty area of emergency and trauma medicine in many countries. Increasingly, the basics of disaster medicine are included in the education of physicians-in-training and routinely are a part of examination questions leading to certification in emergency medicine. More advanced educational opportunities come in the post-graduate level fellowships and master's level programs. Unfortunately, few educational programs or their graduates were prepared to offer the needed expertise in meeting the demands required of current disasters. Yet, medical professionals are assuming more and more leadership positions in state and national governments and in national and international agencies and organizations as decision-