Medical Support for the International Monetary Fund/World Bank Group Boards of Governors Annual Meetings: Issues, Challenges, and Lessons Learned

G. Pokkan
Singapore General Hospital, Singapore, Singapore

The 10-day International Monetary Fund/World Bank Meeting was held in September 2006 in Singapore. A total of 16,000 delegates attended the meeting, and 10,000 local staff members were involved. The large number of delegates and staff, the multiple venue sites, and the duration of the meeting stretched local medical support resources. Since the meeting was classified as a high-security threat level meeting, a heightened state of alert was activated. This involved the pre-positioning of medical and other contingency forces on the ground to respond to any mass-casualty incident. The threat of a bird flu outbreak and the possibility of haze caused by forest fires in Indonesia complicated medical support preparations. The medical support concept adopted was called "Total Medical Coverage". This included medical coverage from the time the delegates arrived in Singapore until their departure. Lessons learned from this event include: (1) the concept of Total Medical Coverage must be validated; (2) coverage at the airport should be provided by mobile teams; (3) the medical center providing care to the delegates should adopt a flexible plan to efficiently distribute medical plaster and analgesics and check blood pressure, rather than performing a long consultation process; (4) the various groups involved in planning medical support for off-site events should be rationalized to maximize event planning/medical support; (5) a hospital liaison desk to coordinate all referrals to he hospital is required; and (6) a medical operations cell and an operations hub are essential for the command, control, and monitoring of medical support.

Keywords: mass-casualty incident; medical support; planning; Total Medical Coverage; venue sites
Prehosp Disast Med 2007;22(2):s64

A Sample for Mass Gathering Planning: Universiade 2005 Summer Games, in Turkey

M.T. Sofuoglu; Z. Olmezoglu; O. Ozmen; R.O. Erol; H.Y. Koyukan; D. Baskirt; E. Baris; M. Ozkan
Izmir Provincial Health Directorate, Izmir, Turkey

In order to make an efficient plan for mass gatherings, essential information about the activity type, crowd size, and venue of activity is needed. The Universiade is the biggest sporting event in the world after the Olympic Games. The Universiade 2005 Summer Games were held in Izmir, Turkey. Athletes from 131 different countries competed in 14 different sporting events.

The Health Commission formed the following subcommissions: (1) education; (2) emergency and ambulance; (3) hospitals; (4) health units in venues (both training and competition); (5) doping control; (6) food, water, and environment health; (7) logistics; and (8) data recording. During the 2005 summer games, the International University Sports Federation (FISU) delegation made plans to provide health services to all the athletes, coaches, managers, employees, volunteers, press members, and spectators. A total of 5,342 athletes from 131 countries, 2,732 FISU managers and delegation members, 1,149 referees, and 18,536 employees and volunteers attended the games. The games were attended by an audience of 357,000. A total of 854 healthcare personnel served during the games.

Continuous, high standard health services were provided during the 2005 Izmir Universiade Games. These services were provided in 59 facilities, accommodation units, and the Games Village. Besides the health services provided to athletes according to FISU rules and standards, the health of the spectators and other participants also was served. The experiences from the 2005 Izmir Universiade Games will help in the organization of future mass gatherings.

Keywords: athletes; mass gatherings; preparedness; Turkey; Universiade Games
Prehosp Disast Med 2007;22(2):s64

Jamarat Ritual: Emerging Critical Cornerstone of Hajj

I.S. Alshinkity
Ministry of Health, Makkah, Saudi Arabia

Hajj is an annual religious event when >2,500,000 Muslims from >140 countries gather in the holy shrine of Mecca (Earth Umbilicus) to perform this cornerstone ritual of Islam. The activity of Jamarat symbolizes the stoning of the devil as done by the prophet Abraham (God's Peace be upon all prophets).

The Jamarat Bridge is a pedestrian bridge in Mina near Mecca used during the stoning ritual. The Jamarat Bridge originally was constructed in 1963, and has been expanded since then. The purpose of the bridge is to enable pilgrims to throw stones at the three Jamarat pillars from either the ground or the bridge. The pillars extend up through the openings in the bridge.

At certain times, more than a million people may gather in the area of the bridge, which has led to mass-causality incidents caused by stampedes.

Until 2006, the bridge had a single tier. Following the January 2006 Hajj, construction began on a multi-level bridge with major construction work in and around the Jamarat area.

This paper discusses the issues related to Jamarat such as: (1) the bridge area layout; (2) the violation of the Ministry of Hajj's regulations; (3) the annual pilgrim census allowed; (4) the level of religious education; and (5) the psychological impact.

In addition, an overview isprovided of current efforts aimed at the prevention of hazards and the safety of the pilgrims through improved crowd dynamics, new designs suggested for the Jamarat area, and planned evacuation strategy.

Keywords: construction; crowds; Hajj; Jamarat Bridge; mass-casualty incidents (MCIs); pilgrims
Prehosp Disast Med 2007;22(2):s64