Earthquake Disaster in India: Overview of the Israeli Defence Forces Field Hospital in Bhuj — January 2001

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On 26 January 2001 at 08:45 hours, an earthquake of 7.9 magnitude (Richter scale) struck the Gujarat state in the northwest of India. India suffered many thousands of fatalities and more than 10,000 people were injured.

The earthquake significantly damaged the infrastructure of the cities including that of the healthcare system. Medical teams and rescue services from numerous countries were posted in the region and provided medical aid.

The Israeli Defence Forces (IDF) Field Hospital arrived at Bhuj, on Day 5 after the quake. The team consisted of 100 medical and 80 logistics personnel. The field hospital acted both as a primary-care clinic and as a secondary referral center for several worldwide, volunteering medical teams, and to the partially functioning hospitals of Bhuj. The hospital provided an operating theatre and hospitalization facilities in the damaged city, whereas the local hospitals could not provide these services during the first two weeks after the quake.

A total of 1,200 patients were treated in the field hospital between Day 5 and Day 19 following the earthquake. A total of 127 patients (10.6%) were hospitalized in the field hospital for a duration range of 24 hours to one week. During the two weeks of activity of the hospital, 54 patients were operated on and 13 new babies were born.

The unique culture of the Indian people led to the establishment of a special doctor-patient relationship. Indian time is endless, and it always is available. Its people are modest and have a magical ability to accept the suffering and loss. Their faith had given them the strength to accept the disaster and the ability to act and help each other in spite of their great sorrow. People were not passive, they did not complain, they continued in their routine without any aggression and with a mysterious harmony and self-containment.

As patients, the Indians do not tend to agree to be hospitalized even if they suffer from a major disease, and they urge the doctor to send them home even if they have an acute myocardial infarction, pulmonary edema, or a major wound infection. Diseases, such as tetanus, that only rarely are seen in the western world were seen in this hospital.

The Indian volunteers met in the hospital quickly became friends, and, together with the Indian nurses, physicians, and volunteers, we could encourage the sick and wounded and provide them with medical care. Although some of the volunteers had lost their families, they found the strength to help others go through great suffering.

Conclusions: We came to help in a state of disastrous distruction, and we have learned a new way of life. It was difficult not to fall in love with these people, and we felt

that every one of us had been given a lot more than he gave. Keywords: culture; earthquake; field hospital; India; mass casualties *Prebosp Disast Med* 2002;17(s2):s26.
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Free Papers: Global Sharing: Education Programs for Health Professionals

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Disaster Management in the World

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With the development of the world, more and more disasters are occurring caused either by manmade or natural events. There are urgent needs to access more information about disaster reduction, disaster prevention, and disaster medicine. In addition, disaster management training is very important, especially in China, a country with a very large population. Currently, there are increasing data relative to these subjects. This paper discusses disaster management and humanitarian assistance, describes the World Wide Web information on disaster management, and introduces some methods for obtaining and using these data, and training medical students on disaster management.

Keywords: China; data; disasters; education; events; management; medical students; training; World Wide Web
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A Graduate-Level Certificate Program in Disaster Management

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Buskerud University College in cooperation with the Norwegian Directorate for Civil Defence and Emergency Planning, the Division of Disaster Psychiatry, the University of Oslo, and HQ Defence Command, Norway, offers a graduate-level certificate program in disaster management. The program (an obligatory part of the Masters in Disaster Management Program), is a one-year, parttime program that is designed to teach principles of multidisciplinary disaster-, crisis-, and war management to senior professionals from police and fire departments, emergency medical services, city managers, military and homeland defense personnel, local health officials, and disaster response personnel. The curriculum emphasizes three major topics: (1) society, culture and environment; (2)