

The presentation will offer suggestions for planning for similar events based on our experience at Woodstock '94. Some specific experiences are related to security for an area of this size, frozen zones, environmental considerations, backup communications planning, rotation of personnel, and orientation of volunteer and professional personnel. The adherence to the principles of Incident Command System proved to be invaluable in the success of this operation. The authors recommend that all agencies that have the responsibility of providing disaster coordination, train their personnel in the principles of the Incident Command System.

### 105. Medical Aid in a Case of Disaster

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The organization of medical attendance in cases of natural calamity or incident depends on the number of victims and the health system capability. This is a dynamic process that requires competence, investigation, and planning.

The Stara Zagora region (6180 km<sup>2</sup>) has a population of 416,338. It is a seismic area (8 degrees by the Richter scale). There also is danger of chemical incidents. The expected number of victims of earthquake is 5,000, and 1,580–20,000 people will be gassed. Investigation in such complex situations has proved that the rescue groups, medical service, and state officials could not cope with the victims on their own. So, this requires: 1) training of the population for first aid and survival in extreme situations; 2) formation, training, and equipping of additional medical and sanitary teams; 3) planning for hospital beds outside of the endangered area; and 4) using rescue teams from neighboring regions or from the military.

The complex conditions, great number of victims, and shortage of equipment require good coordination control and cooperation between different services and departments taking part in the rescue operations to ensure their efficiency.

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### 032. Prehospital Medical Care in Disasters in Lithuania: When to Use Special Medical Rescue Groups?

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The main body of prehospital care in disasters is the ambulance service. There are 183 doctors and 440 nurses involved in the ambulance service in the Kaunas region of Lithuania with population 1,180 thousand. The ambulance service of Kaunas region responds to 275,000 calls annually. The ambulance team (doctor/nurse/driver or nurse/driver) is able to provide

medical care (advanced life support) of three to five trauma patients and to transport one patient to hospital.

The average of the distances between hospitals in Kaunas region is approximately 30 km. The number of ambulances is limited (there are about two to three ambulances in all cities except for a few of the larger cities (Kaunas, Jonava, and Kedainiai). In these settings, the time for one patient to reach the hospital is one to two hours. Using original method of calculations, we believe that more than 15 to 30 casualties outside of the large cities is the breaking point, and initiates the use of special rescue or military medical services.

### 102. Medical Assistance to the Population During International Military Conflicts

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Emercom of Russia

In light of the disintegration of the Soviet Union and international military conflicts on the territory of Russian Federation and the neighboring countries (ex-Soviet Republics), there is a problem of providing medical assistance to the population living in military conflict zones and along the routes of its migration. The specialists of EMERCOM of Russia and of the All-Russia scientific and practical Center "Disaster Medicine" of the RF Ministry of Public Health have rendered the medical and sanitary assistance to more than 75,000 refugees and inhabitants of regions where military conflicts had taken place: 1) The South Ossetia-17,000 (about 7,000 children); 2) the region of Dniester, 20; 3) the Abkhazia, 15,000; 4) the Ossentian-Ingushian conflict, 10,000 (4,000 children), refugees and more than 2,000 hostages; Georgia (Dukhobery, Tkvarchely), 2,500; Chechnia, more than 10,000. More than 6,000 victims (wounded, pregnant, sick, children, and the elderly) received the medical assistance.

Our experience shows that three variants of providing of medical assistance to the population during local wars are possible:

1. Planned medical assistance to the population along the routes of its evacuation (or its migration) (Tadjikistan);

2. Urgent medical assistance to the population living in regions of military conflicts, in zones of refugee concentration, and on the evacuation routes (the South Ossetia, the region of Dnieste, Abkhazia, the Assetian-Ingushian conflict, Chechnia); and

3. Medical assistance to the refugees and their liberation according to medical conclusion (the conflict between Ossetia and Ingushetia).

During the planned preparation of Public Health territorial organs to the refugees' admittance in accordance with the executive authorities in the zone for refugees should be determined.