

company Euro-Flite Ltd. Air Ambulance developed a medical evacuation program for patients coming from Russia to Finland or to another western country. Annually EMA/Euro-Flite arranges some 70 air-ambulance flights from Russia and other previous Soviet states.

The patients are escorted mainly to hospitals in Helsinki, but also to other locations in Austria, Belgium, Germany, and Great Britain, where high quality medical care is available. For patients in need of urgent treatment, it is mandatory to provide the care in the closest possible hospital, which meets the highest standards of western medical care. Depending on each case, EMA recommends and arranges a receiving facility. When the patients are sufficiently stable, they can be escorted further to their respective home countries like the USA or Canada.

Many of the escorted patients have been evacuated from remote, oil drilling sites in Western Siberia, where living conditions are very rough and health-care facilities are insufficient. These patients have suffered from both medical conditions such as heart and lung problems or traumatic injuries. Due to the lack of available local health care on the hardship drilling sites, preparedness for both emergency treatment as well as an efficient evacuation program is needed.

The EMA has at least one medical team on stand-by for emergency medical evacuations 24 hours a day. If required, the Euro-Flite dedicated air-ambulance aircraft can depart within as little as two hours from the go-ahead. The medical team and equipment are tailored to meet the special requirements of each case. Thanks to the vast flying experience into Russia, medevacs, even from distant areas in Siberia, are possible without delay.

Keywords: air ambulance; air-medical; evacuation; expatriates; Finland; medical care; responses; Russia; trauma

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Historical Review of Aeromedical Evacuation of Emergency Patients in Japan

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Wounded patients should be evacuated in a short time following their injury in order to save their lives. Evacuation and transport of wounded patients have been performed in Europe, especially by French Army since 1920, not so long after the first flight of an airplane by Wright Brothers at Kittyhawk, United States of America in 1903.

Dr. Terasu, who studied war medicine in France, gained experience about a aeromedical system for the evacuation and transportation of wounded soldiers by a specially designed airplane by French Army. After he came back from France, Dr. Terasu sent to the headquarters of Empirical Army, a report about the usefulness of aeromedical evacuation using such a specially designed airplane. In 1925, the Air Division of the Headquarters of Empirical Army ordered to Dr. Terasu

to design a hospital airplane.

The first hospital airplane was delivered in 1925. In 1932, these airplanes were sent to Manchuria on the occurrence of the Manchurian Incidents. From 1932 to 1934, hospital airplanes evacuated 1,512 soldiers and saved their lives. A total of 33 hospital airplanes were built by 1940. But unfortunately, those airplanes have not been constructed since that time, since the Empirical Army had other priorities for aircraft construction.

There have been no more hospital airplanes built in Japan until now. Compared with other forms of patient transportation, airplanes can transport patients long distances and in a short time. Therefore, they will be very useful during a disaster or catastrophe.

We should prepare aeromedical systems for transportation of the patients by airplane for disasters in Japan.

Keywords: Airmedical transport; hospital aircraft; transportation; trauma

Panel Discussion (3)
Disaster and Mental Health in Asian Countries
Tuesday, 11 May, 10:30-12:30
Chair: Reiko Homma True, Naotaka Shinfuku

PN3-1

Disaster Mental Health in Asian Countries — Towards Culture-Friendly Care

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The author worked as Regional Adviser in Mental Health for the Office of the Western Pacific of the World Health Organization for 13 years from 1981 to 1994. During his assignment in Manila of the Philippines, he collaborated with Philippino mental health specialists to promote psychological care for the victims of a series of natural disasters (such as the earthquake in Baguio, the eruption of Mt. Pinatubo, etc.) Also, he outlined the plan to provide mental health care for the population of disaster-torn (mostly man-made disaster) Cambodia.

These experiences have raised his awareness on the importance of psychological care for the victims of disasters. Soon after his return to Kobe, Japan, he experienced the Great Hanshin-Awaji Earthquake on 17 January 1995. Since his office is situated at the center of the Earthquake, he became a victim and at the same time, an observer of physical and psychological problems among the victims. He received and coordinated programs for many specialists from foreign countries (mostly from USA and Europe) to provide psychological care to the victims. However, he found specialists care services less useful in Kobe. Psychological support from volunteers and nearby housewives based on their common sense, has been much more useful to lessen the grief of the victims.

Many victims still are suffering from a variety of psychological and physical problems even four years after the Great Hanshin-Awaji Earthquake. However, the