nighttime; triage Prehosp Disast Med 2002;17:s30-31.

### Regional Training Course for Radiation Emergency Medicine in Asia

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Introduction: Previous accidents of radiation exposure that required medical care occurred in Chernobyl in 1986, Tokaimura in 1999, and Thailand in 2000. In order to provide information for the appropriate management of radiation accidents, and also to establish a cooperative system for the management of radiation accidents in Asia, the National Institute of Radiological Sciences (NIRS) held a regional training course entitled: "Medical Preparedness and Medical Response to Radiation Accidents" in August 2001 in Chiba, Japan.

Methods: A training course consisting of lectures, drills, and case studies was sponsored by NIRS in cooperation with International Atomic Energy Agency.

Results: Twenty-two doctors from 12 countries participated in the course that focused on the practical aspects of detecting and measuring radiation, managing a patient with acute radiation syndrome or contamination, and preventing the spread of contamination. The case studies of accidents included an outline of critical radiation accident in Tokaimura.

**Conclusion**: This course provided s means to increase the knowledge and skills of radiation emergency medicine, and develop the human network for radiation emergency medical preparedness in Asia.

**Keywords**: contamination; education; international cooperation; radiation

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### International Urban Search and Rescue Team Training: The Stress and Medical Complaints of Taskforce-1 of Taiwan

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Objectives: The Urban Search-and-Rescue (US&R) team of Taiwan Taskforce-1 received "whole-team" training in USA in 2000, the first large-scale, international, US&R training. All divisions including command, search, rescue, medical, technical, and logistics were trained for six weeks. This survey was conducted to evaluate: 1) The physical and psychological problems encountered in the training; and 2) The stress levels and the correlative factors.

Methods: A structured questionnaire including the "Chinese General Health Questionnaire-12" (GHQ-12) for stress evaluation was surveyed for all 68 Taskforce members.

Data were analyzed using SPSS-10.0.

Results: The leading causes of physical and mental discomfort were: diarrhea (30.2%), musculoskeletal sprain (25.4%), depressive mood (25.4%), bad temper (20.6%), and headache(12.7%). More than 50% of the Taskforce members experienced >3 selected discomforts. The medical team had significantly discomforts than did the other groups (p <0.05): The GHQ-12 score for 25.4% defined their high stress level. Higher educated persons and those with chronic diseases or a nervous character suffered more discomforts and stresses (p <0.05). Logistics (p <0.1) and medical (p <0.05) teams demonstrated higher stress levels. Marriage and family status did not influence stress or training efficacy. Of all of the members, 36% won't participate similar programs, and 50.8% cases preferred relocating future training domestically.

Conclusion: Selection of US&R members for international training should be informed. Both physical and mental stresses are of concern. Medical and logistic personnel developed higher stress levels. The adequacy and efficacy of "whole-team"-style training should be refined.

Keywords: adequacy; international training; stress; urban search-and-rescue.

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# <u>Legal Aspects of Disaster Medicine</u> The Right to Health of the Disaster Stricken

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Health is a fundamental and inalienable human right. In the spirit and precept of the World Health Organization, health is defined as "a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity".

A major emergency or disaster destabilizes the "mental and social well-being" of a victim, even if there has been physical "absence of disease or infirmity". As such, the disaster stricken, even if not injured, are diminished in their health, and therefore in their fundamental right to healthcare. Besides all the reasons that society has to help the victims of a disaster, a main reason is also the necessity to ensure one of the fundamental human rights: the right to health.

Keywords: disaster; health; human rights; well-being *Prehosp Disast Med* 2002;17:s31.

# <u>Psychosocial Aspects of Disaster Medicine</u> Psychological Correction and Psychotherapy of Post-Traumatic Stress Disorder in Children and Adult Victims of Natural Disasters

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**Objective**: To evaluate a new programme for treatment of

acute post-traumatic stress disorder (PTSD) in children and adults exposed to natural disasters. The PTSD is known to appear after the occurrence of natural disasters. Usually, social, medical, and disaster workers provide external security for victims. But, a stressful event is fixed pervertedly into the memory, and creates prolongation of a traumatic situation. A stressful event more often is kept and remembered in the visual and audio systems, so elimination of these images promotes conditions for recovering internal security by victims.

Methods: 200 children and 100 adults were involved in the trial. First, hypnosis was used, and then, different non-verbal image techniques, eye movement desensitization, and reprocessing. Also, six continuous verbal-scale tests were invented for use in evaluation of the effectiveness of PTSD treatment.

Results: This programme for the psychological correction and psychotherapy of PTSD has been shown to be highly effective. The scales used before and after psychotherapy allow discovery of the progress in the psychological state of 80% children and adults.

Conclusion: This program for treatment of PTSD is universal, and can be used widely not only for natural disasters victims, but for victims of war, conflicts, or terrorism even in outpatient department.

Keywords: disaster, effectiveness; hypnosis; psychotherapy; PTSD; terrorism; war conflicts

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# Psychiatric Assistance to the Population of the Chechen Republic during Anti-Terror Operations

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**Objective:** To assess the psychiatric assistance given to the people of the Chechen Republic during anti-terror operations. The displaced location of the camps, which held more than 40,000 people, and the absence of specialized medical institutions both contributed to problems with obtaining psychiatric assistance.

Methods: The main tasks of the relief teams were to render specialized psychiatric assistance to temporarily displaced people of the Chechen Republic, and to organize the evacuation of psychiatric patients.

Results: There were more than 4,500 people of the Chechen Republic, including 480 children that were examined. In 11.3% of cases, some psychiatric diseases were revealed among the adult population: maniac-depressive syndrome, schizophrenia, epilepsy, and psycho-organic syndrome. In 81.5% of cases, non-psychiatric disorders were diagnosed, which were demonstrated by neurotic character and behavior disorders. Patients with psychiatric diseases were sent for treatment into specialized medical institutions in the cities of the Russian Federation (Krasnodar, Rostov, Vladicavkaz, etc.).

Conclusion: The efforts to render psychiatric assistance to the Chechen Republic population were very effective, since it helped to identify patients with psychiatric disorders in

the early stages. Special treatment programs aided in the treatment in 87% of the cases. This system is proposed for use in other countries during local conflicts and disasters. Keywords: accommodation, destroyed settlements; population; psychiatric diseases; specialized medical institutions Prehosp Disast Med 2002;17:s32.

## Gendered Battlefields in Mindanao: Health Social Science and Disaster Medicine

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Objectives: To review documents regarding the health of displaced and refugee women in Mindanao who had been displaced as a result of terrorism promulgated by Muslim separatist and the Abu Sayaff terrorist groups using the concepts of Disaster Medicine and health social science.

Methods: Using the paradigm of Gender and Development of the ICPD and gender analysis, wellness and trauma were analyzed from their socio-cultural and economic ramifications. Also, the analysis examined how the current rehabilitation programs were conducted in the area by the DOH and how various NGOs have provided relief and rehabilitation to the victims of this disaster.

Results: While men and women are affected by war conditions differently, women are more vulnerable to sexual and economic exploitation. The treatment of injuries by the DOH often are waylaid for the more immediate need to counsel direct and indirect combatants, mostly women to empowered them in the face of the adversities that confront them.

Conclusion: As the situation is expected to worsen with the adoption by the government of an all out war policy, there is a need to put a mechanism in place by which those who are affected and inflicted can be assisted to reduce their rancor and bitterness. It is important that the theories and concepts of disaster medicine be part of the interventions.

Keywords: disaster medicine; counsel; empowerment; gender; health social science; Mindanao; vulnerability; women

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#### **Organizations**

# The World Association for Disaster and Emergency Medicine (WADEM): From Mainz to Melbourne

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Objective: The World Association for Disaster and Emergency Medicine (WADEM), which began as the "Club of Mainz" in 1976, holds its 13th World Congress in Melbourne, Australia, in May 2003. This paper traces the history, objectives, membership, mission, achievements, and current activities of WADEM.

Method: A review was undertaken of the literature and WADEM documents. Information was gained from past and current WADEM officials.