

Kobe; KUMT; NGO; relief; shelter; supplies; team
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Advance Deployment and Organization of Activities of a Field Multiprofile Hospital (FMH) in Local, Armed Conflicts

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In health responses to military operations, one must deal with the particularly specific role of a Multiprofile Hospital (FMH) in health response under these conditions. First, this is the structure of casualties, characteristic properties of the affected people cohort, and capacity for evacuation. The specific nature of medical care delivery to the affected in armed conflicts is not a general practice with civilian medical units, while the Field Multiprofile Hospital (FMH) belongs to the ARCDM "Zaschita", and the FMH has had a unique experience of such activity during military conflict in the Chechen Republic in 1994–1995. In those years, the FMH teams worked in such localities as Mozdok, Tolstoi-Yurt, Znamensky, and Grozny; took part in health response activities following terrorist acts in Budenovsk, on the Chechen-Daghestan border (Pervomajsky); and in military operations within the area of Sunzhi station (1996). During the period of its work depending on the specific medico-tactical situation, the FMH's tasks, principles of its operation, and variants of deployment have been amended correspondingly.

Summarizing the experience gained, one may determine three basic variants of FMH's operation during armed conflict: (1) deployment of a surgical hospital on the basis of a local medical facility, (2) deployment of a self-supported surgical hospital, and (3) deployment of a self-supported multiprofile hospital

Our experience demonstrates that the FMH of ARCDM "Zaschita" is well-adjusted for operation under such conditions, as its organizational and staff structure and medical equipment promote the delivery of any type of medical care, including secondary care. The FMH is capable of urgent response to changing situations, and can timely amend the task set to that medical unit.

Key words: adaptability; armed conflict; experience; field; hospital; medical care; multiprofile; uses

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Dissolving and Eliciting Technique Applied to Cerebral Hemorrhage Associated with Hypertension

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Objective: To investigate whether use of the dissolving and eliciting technique applied to a wound that is not serious is or not feasible for treating cerebral hemorrhage associated with hypertension.

Methods: From July 1998 to October 1998, we applied the technique to treat cerebral hemorrhage associated with

hypertension on 23 patients.

Results: Hematomas were eliminated in more than 50% of patients within 24 hours. Of the group, 3 patient's hematomas were smaller than 10 ml, the next day they were drawn by tube. Otherwise, in 12 patients, hematomas were eliminated in more than 70% of patients and were able to be drawn by tube.

Conclusions: The technique to apply to a wound that is not serious is simple and feasible, adaptability is broad, and is not restrictive. The effects of the hemolytic medicament "two in one" is remarkable.

Key words: cerebral hemorrhage; dissolving and eliciting technique; hematoma; hypertension

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Floods in Mozambique 2000: Analysis of the MSF Emergency Response

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Introduction: Heavy, torrential rains during the rainy season 1999–2000, caused serious flooding in many parts of Southern Africa. Mozambique was the worst affected country with an estimated 1,000,000 people affected directly, and around 300,000 people temporarily displaced. All southern provinces of Mozambique were affected to a varying extent; the coastal regions as well as the population along the main rivers of Gaza, Sofala, and Inhambane Provinces suffered most the consequences of the flooding.

MSF response and activities: Medecins sans Frontieres (MSF) launched an emergency intervention on 6 February, two days before the Mozambican government declared a national state of emergency. A large MSF stock of drugs and material in Mozambique facilitated the rapid initiation of an assistance program. At the peak of the disaster, four MSF sections (operational centers) were involved in the management of the emergency. MSF-Switzerland in a joint mission with MSF-Luxembourg, focused its intervention on Maputo and Gaza Provinces. Collaboration with the Mozambican authorities and other aid organizations was satisfactory. In Maputo and Matola, the Mozambican authorities assured primary and secondary health care and MSF focused on cholera control. In the identified zones in Gaza province—Chokwe, Chaquelane, Macia—MSF was involved in assisting approximately 100,000 displaced persons. The main activities were the following:

1. Primary health care through the installation or reinforcement of health posts
2. Introduction of an adapted epidemiological surveillance system
3. Provision of potable water and improvement of sanitary conditions in displaced camps
4. Cholera preparedness and outbreak control (9,587 cholera cases in Maputo and Matola with cumulative attack rates = 0.70 and 0.69 respectively, and overall case fatality rate = 1.4, and 241 cases in Gaza province [CFR = 1.24])
5. Management of malnourished children (rehabilitation

of 468 severely malnourished children and temporary involvement in supplementary feeding)

During the inundation of Chokwe town, MSF was involved in Search and Rescue activities (SAR) saving more than 100 individuals from immediate drowning, and evacuating inpatients from the flooded district hospital. Despite the pressure of the provincial authorities, who evacuated Chokwe, MSF remained in the flooded town assisting the 8,000 of the remaining residents, who were unwilling to leave.

The MSF emergency program ended in the month of July. The overall cost of the operation figured at approximately 4,000,000 Swiss Francs. Transport by air was the one of the largest cost factors.

Conclusion: A MSF-emergency intervention followed the disastrous floods in Southern Mozambique in early 2000. Experts estimated that the destruction caused by the floods annihilated 10 years of development in southern Mozambique.

The main difficulties, when facing such a complex situation involving hundreds of thousands of victims, are the coordination of activities between the different actors, the dimensioning of the respective interventions, and the availability of reliable information, in particular, in situations when the access to the populations at risk is heavily impaired. Anticipation of the evolution of the situation is crucial for providing rapid assistance.

Key words: cholera; coordination; floods; health care; interventions; malnourishment; *Medicins sans Frontiere*; Mozambique; rain; responses; sanitation; surveillance; water

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Medicine in the Global Village

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The advent of the information super highway permits us virtually unlimited access to public information. Shopping over the Internet now is commonplace. If you can buy groceries, why not medical supplies? If you can organise custom-made furniture, why not custom-made medical equipment?

Bohica medical is a microindustry specialising in innovative medical equipment. We are able to compete within the global market place. I had a vision, developed a plan, and made it happen. If you have ever had a dream, or wanted to make a difference, listen to my story.

Key words: equipment; Internet; manufacture; plan; vision;

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Bioterrorism: Challenges for Public Health Action

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Four components of the public health response to disease outbreaks are also important to address acts of terrorism in a coordinated fashion: detection of unusual events, investigation and containment of potential threats, laboratory capacity, and coordination and communication.

The public health effort to combat infectious diseases is based on the early detection of unexpected cases or clusters of illnesses, so that small outbreaks can be stopped before they become big ones. In the case of a bioterrorist attack, the initial detection of a disease is likely to take place at the local level. It is essential to work with members of the medical community who may be the first to recognize unusual diseases, and who are most likely to mount the initial response—especially if the intentional nature of the outbreak is not immediately apparent. Strong communication links between clinicians, emergency responders, and public health personnel are important.

As is the case for any naturally occurring infectious disease outbreak, the initial response to an outbreak caused by an act of bioterrorism, is likely to take place at the local level. Once the cause of a terrorist-sponsored outbreak has been determined, specific drugs, vaccines, and antitoxins may be needed to treat the victims and to prevent further spread.

In the event of a bioterrorist attack, rapid diagnosis will be critical to the immediate implementation of prevention and treatment measures.

In the event of an intentional release of a biological agent, rapid and secure communications will be especially crucial to ensure a prompt and coordinated response. Each hour of delay will increase the probability that another group of people will be exposed, and the outbreak will spread both in number and in geographical range. Because of the ease and frequency of modern travel, an outbreak