

Role of the Media

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The rhetoric of the mass media, particularly in their tabloid form, polarize, simplify, personify, problematize, concretize, brutalize, and vulgarize traumatic events. The so-called "11 on top" criteria for the press are: (1) news; (2) consequence; (3) conflict; (4) drama; (5) rarity; (6) trendy; (7) personal focus; (8) "good news"; (9) exclusivity; (10) "journalist knows a journalist"; and (11) proximity.

The above aspects of modern media and the work situation of journalists ought to be known by professionals in the rescue service and in the medical preparedness organization for accidents and disasters. The media have important societal responsibilities in connection with traumatic events and for that reason may be of valuable help in the disaster work. But, the media themselves, may represent a considerable stress on the actors.

The experience demonstrates that one's media strategy ought to be open, honest, engaged, warm, and self-critical. If you appear infallible, inaccessible, critical, and cold: "You asked for it." A media strategy presumes that there is contingency planning, a press center, a spokesman with clear authorization, media knowledge, a mandate to take initiatives (for example to hold press conferences), an understanding of the media's professional background and their resources, the 24-hour cycle of the media is known, that there is collaboration, and that leaders are willing to expose themselves to the media, if necessary.

Good risk communication, (situations in which there is a need to calm, but not to deny/belittle) demands that the communicator is perceived as: (1) competent; (2) being open and honest; and (3) having a capacity for empathic communication.

Division of responsibility for disseminating information when the main rescue centers/ local rescue centers are involved in large transport accidents is as follows:

1. The transport company may: (1) confirm the event/facts related to the event; (2) take care of the interest of the injured, diseased and their next of kin; (3) provide information about the background of the accident; (4) provide information about the transport company's implemented support services and about the consequences for continued transport activities ("business in the crisis"); and (5) prepare for interviews with survivors and/or witnesses.
2. The rescue service is responsible for all information: (1) about the rescue operation; (2) about injured/diseased and survivors; and (3) may make identities of deceased known and inform next of kin about the deceased or missing (coordination).
3. The hospitals are responsible for informing the next of kin of the injured, may give permission for journalists to interview the injured, and may inform the media about physical injuries.
4. When it comes to foreign citizens, it is that person's national embassy, that is entitled to disseminate information about the involved citizens and the consequences for its own activity, and may disseminate the name of the injured and deceased and inform about other actions.

Keywords: communications; information; journalists; media; responsibility; rhetoric; risk

Weisæth L: Role of the media. *Prehosp Disast Med* 2004;19(S1):s4.

A Systems Approach at 66°N: Natural Hazards in Iceland

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Iceland is a country with vast and various natural hazards. Examples include the 1973 volcanic eruption on the Vestmannaeyjar Islands and the earthquake in the south central region of the country in 2000. Numerous casualties have occurred from avalanches: two such catastrophes occurred in 1995 when two villages were hit by avalanches on separate occasions, claiming 34 lives. Another natural hazard is sub-arctic tempests, a risk particularly to seafarers.

The Icelandic Civil Defense Organization originally was established in the 1960s, mainly to tackle the threat of war and possible nuclear catastrophes. Participation in civil defense as a means of disaster preparedness was mandatory for all governmental agencies and all individuals 18–65 years of age. Later, attention was focused more on natural disasters. This was emphasized particularly in the 1970s by non-governmental organizations, such as the all-volunteer search and rescue teams and the Icelandic Red Cross, the latter of which has played an integral role in developing a modern EMS system in the country. Healthcare institutions became more involved in the 1980s and public safety services followed suit. In 1985, an incident command system was formally included as a component of civil defense. Guidelines for triage of multiple casualties also were published.

During the avalanche rescue and relief operations in 1995, this system was tested in many ways. Overall system performance was quite adequate, but, based on lessons learned, many amendments have been made. As examples, the incident command system was extensively reviewed, a new approach to disaster drills was instituted, a proposal was written for a nationwide trauma system, and a new National Rescue Coordination Center has just been inaugurated. The main principle has been to integrate disaster preparedness with everyday emergency services.

Keywords: avalanche; coordination and control; disasters; drills; emergency medical services; events; hazards; Iceland; incident command system; threats

Baldursson J: A systems approach at 66°N: Natural hazards in Iceland. *Prehosp Disast Med* 2004;19(S1):s4.

Handling of Medico-Legal Work in Greater Accidents and Catastrophes

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In Norway, the handling of greater accidents and catastrophes is the responsibility of the head of police in the local police district. However, the practical work is delegated to the Disaster Victim Identification (DVI) Group of the National Criminal Investigation Service. The DVI Group consists of three divisions: (1) criminal technicians; (2) forensic pathologists; and (3) forensic odontologists. All of the Nordic countries have similar groups, and these DVI groups meet once each year, and are part of a worldwide network organized from Interpol in Lyon.

The Steering Group of the Norwegian DVI group consists of a leader (police officer), the head of the criminal technicians, the head of the forensic pathologists, and the head of the forensic odontolo-

gist. In case of a mass disaster, they meet immediately and organize the DVI work. Often, pathologists and odontologists are sent to assist criminal technicians with the work at the scene.

Logistics is extremely important. Often, freezing carriages are used for transport and storage of the victims. If there are suitable autopsy facilities available, these will be used; otherwise autopsy rooms must be improvised. A center for gathering information about the missing persons, dental journals, medical information, and tactical information must be organized, and all post-mortem information must be reported to this center, so that the final identification can take place.

Since 1985, DNA analyses have been applied in DVI-work. Most of the 159 victims of the Scandinavian Start disaster in 1990 were identified based on dental records; whereas, after the air crash in Spitsbergen in 1996, all but one of the 141 victims were identified based on DNA profiles. However, forensic odontologists are not outdated: in the recent terrorist bomb attacks in Madrid, 146 out of 191 victims were identified by means of dental records. Based on experience of mass disasters during the last five years, most western DVI teams start identification work using all available means, and adjusting the extent of the operation according to the conditions.

Keywords: criminal technicians; events; logistics; medico-legal; odontologists; pathologists; police; responsibility; terrorist; victim identification

Rognum O: Handling of medico-legal work in greater accidents and catastrophes. *Prehosp Disast Med* 2004;19(S1):s4-s5.

NATO's Role in Disaster Management and International Cooperation—Joint Medical Committee's Contribution

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In May 1991, the North Atlantic Council (NAC) decided to establish the Joint Medical Committee (JMC). The JMC works according to its Terms of Reference (TOR) and the NAC approved Ministerial Guidance for Civil Emergency Planning (CEP), and reports to the NAC via the Senior Civil Emergency Planning Committee (SCEPC).

The roles of the CEP are to support the Military Operations (Article 5), Crisis Response Operations (non-Article 5), and the National Authorities in Civil Emergencies, to protect the civilian population against the effects of weapons of mass destruction (WMD), and to cooperate with partner countries.

In addition to the JMC, there are seven planning boards and committees providing the SCEPC with advice, input, and studies concerning different fields of activities in a modern society (transport, food and agriculture, civil communications, industry, and civil protection). National representation in the JMC is both civil and military, both currently serving each with background and current services in the healthcare profession. The JMC also may draw upon a group of medical experts: disaster medicine, movement of casualties, chemical, biological, radio-nuclear, tropical medicine, medical logistics, public health, military medicine, and blood provision and supply.

The JMC responsibilities include medical emergency planning, information, and recommendation to NATO, participation in exer-

cises, conducting studies, addressing medical logistic issues, and carrying out tasks from the SCEPC.

The JMC also is cooperating with other NATO committees/bodies on the military side, especially when it comes to WMD issues. The Committee is providing medical support to the Euro-Atlantic Disaster Response Coordination Center (EADRCC) when the Center is activated in disaster management or in exercises. In addition, the JMC participates in the planning and accomplishment of seminars/workshops and in the development of treatment protocols for CBR-N agents. It is important for the JMC to emphasize the work with plans and procedures and to contribute to the medical interoperability within nations in medical emergencies.

The JMC cooperates with the Civil Aviation Planning Committee (CAPC), the military authorities concerning aeromedical evacuation, the Committee of the Chiefs of Military Medical Services in NATO (COMEDS) when it comes to civil-military support, the Food and Agriculture Planning Committee (FAPC) when it comes to medical justification for the introduction of restriction of movements of people and animals, and the Civil Protection Committee and the WMD-Center in the protection of the civilian population against WMD.

The CEP/JMC in NATO have a dialogue with the World Health Organization. Information is exchanged between NATO and the European Union.

The work in the JMC is based both on the Work Program developed for a period of two years (2003–2004) and CEP Action Plan. In this regard, the JMC provides civil inputs to the Inventory of National Medical Capabilities concerning CBR-N attacks, civil inputs to a Laboratory Response Network, and conducts a review on Epidemiological Surveillance Systems in the EAPC countries.

Keywords: assistance; biological; chemical; civil-military cooperation; disaster management; humanitarian; Joint Medical Committee; North Atlantic Treaty Organization (NATO); planning; radio-nuclear; role; terrorism; weapons of mass destruction (WMD)

Kovdal A: NATO's role in disaster management and international cooperation—Joint Medical Committee's contribution. *Prehosp Disast Med* 2004;19(S1):s5.

International Collaboration in Humanitarian Assistance: The Military-Civilian Relationship

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Cooperation between military and civilian agencies covers a large variety of relationships. It includes the conduct of the occupants towards the occupied (and vice versa), the way to avoid civilian structures when waging war, and recently, how military forces and humanitarian agencies may join forces to promote health, peace, and well-being.

The dual faces of a military force, aimed at preventing disasters through a mechanism of deterrence and their ability to actually create disasters, complicate this relationship between the military forces and the humanitarian agencies, and also between the military forces and the affected population.

On the other hand, military forces, as a rule, command huge quantities of resources, which when properly administrated, are