

majority are left to manage for themselves troubled, stressed, imprisoned in their own emotions, and unwilling to seek help due to the cultural taboos. Consequently, even the most well-meaning husbands and fathers find themselves irritable and explosive; hence there has been reported, a sharp increase in family violence.

To holistically address the needs of the Palestinian people in the context of the strong patriarchal culture, we must to address the needs of the men.

Keywords: conditions; culture; frustration; men; mental health; Palestinians; violence, domestic

Prehosp Disast Med 2002;17(s2):s43-44.

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The Forgotten Disaster — Dadaab Somali Refugee Camp

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Background: Since 1992, Medecins sans Frontières - Belgium (MSF-B) has provided healthcare to the Somali refugees of Dadaab, North-Eastern Kenya. With more than 130,000 refugees from the ongoing civil wars in Somalia and Sudan, Dadaab is one of the largest and longest running refugee camps in the world. Hagadera is the largest of the three camps in Dadaab, with a population of greater than 50,000. This presentation gives a brief insight into the epidemiology and challenges of this chronic disaster setting.

Methods: This is a prospective observational study of the epidemiology in Hagadera Camp, Dadaab, Kenya for the month of August, 2002. As Camp Medical Coordinator, I was the sole doctor responsible for the health of the 50,000 refugees. With the assistance of the Hagadera Camp staff, I supervised and collated the monthly reports on mortality and morbidity. In addition, I was able to document a series of clinical presentations as they arose.

Results: The Crude Mortality Rate was 0.08/10,000/Day, and for children less than 5 years of age, it was 0.13/10,000/Day. The most common specific diagnosis presenting for treatment was malaria, followed by respiratory tract infections. There were 11 new cases of tuberculosis and two cases of measles. Three emergency Caesarean sections were performed; there were seven cases of pre-eclamptic toxæmia.

Conclusion: MSF has long been the sole provider of healthcare for 130,000 refugees in Dadaab, Kenya. The incidence of malaria and respiratory tract infection are significant with malaria being the major cause of mortality. The crude mortality rate is <1 in 10,000 per day.

Keywords: camp; crude mortality rate (CMR); epidemiology; malaria; Medecins sans Frontières; mortality; refugees; respiratory infections; tuberculosis

Prehosp Disast Med 2002;17(s2):s44.

Monitoring Access to Emergency Care in the West Bank and Gaza Strip Using Household Surveillance

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Introduction: Epidemiological surveillance techniques could assess access to emergency care and identify the causes for the inability to access emergency care during the current intifada in all districts of the West Bank and Gaza Strip.

Methods: Twenty households in each of 16 districts in the West Bank and Gaza Strip were sampled every two weeks. Households were asked if any of their members required emergency care in the previous two weeks, and whether they could access it, if necessary. If household members were unable to access emergency care, they were asked to identify the causes. Trends were followed in each district during the period from 31 May until December 2002.

Results: A total of 4,480 households were sampled. Of the 1,555 households whose members needed emergency care, 447 (28.7%) were unable to access such care. Reasons cited included: (1) Imposed 24-hour curfews and/or checkpoint denials, 79.8%; (2) Inability to pay, 10.0%; (3) Lack of transportation, 5.4%; (4) Emergency room not operational, 2.7%; and (5) Great distances, 2.2%. Inability to access emergency care was significantly higher in the West Bank (28.2%) compared to the Gaza Strip (18.0%) due to greater restricted movement in the former. Trends showed that the ratio of households unable to access emergency care to those who required care was higher during the summer months of 2002 when strict curfews were enforced in the West Bank. This trend showed distinct improvement from October onward.

Conclusion: Surveillance can be used in complex human emergencies to monitor essential access to emergency care, a human right enshrined in the Fourth Geneva Convention.

Keywords: access; curfews; emergency care; Gaza Strip; Geneva Convention; households; surveillance; West Bank

Prehosp Disast Med 2002;17(s2):s44.

Rendering Medical Assistance in Refugee Settlements of the Chechen Republic during Anti-Terror Operation

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The All-Russian Service for Disaster Medicine (ARCDM) has rendered medical assistance in the territory of the Ingushetia and Chechen Republics (Northern Caucasus), where more than 60,000 people live in refugee settlements. This medical assistance included early detection of infectious and somatic patients; identifying sick and injured persons who needed specialized care and hospital treatment; pediatric care; vaccination and preventative measures against outbreaks of infectious diseases, including sanitary and hygienic measures; and delivering medical supplies.

Specialized medical teams performed medical examinations in the refugee settlements, while the field, multi-purpose hospital rendered all kinds of qualified and specialized medical assistance 24 hours per day. Medical assistance was provided to more than 40,000 patients, including 8,000 children. There were more than 700 surgeries, and more than 1,500 patients were hospitalized.

The system of rendering medical assistance to the tem-