

Pediatric Disasters

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Introduction

In 1990, The United Nations adopted "The World Declaration on the Survival, Protection and Development of Children." Paragraph 2 of this Declaration reads, "The children of the world are innocent, vulnerable and dependent." Paragraph 8 states that, "together, our nations have the means and the knowledge to protect the lives and to diminish enormously the suffering of children..." Other sections are dedicated to "protection of children during armed conflicts" (regarding "corridors of peace," "days of tranquility," etc.).

The number of natural and technological disasters is growing, and they are taking away many lives. More and more children are affected. With development of more sophisticated and lethal weapons, more civilians, women, and children in particular, are killed or injured. Among the casualties in World War I, only 5% were civilians; in World War II, that number increased to 50%. In 1945, two atomic bombs instantaneously killed 200,000 people in Hiroshima and Nagasaki.

Almost all disasters cause injuries and casualties among the population's children. Today, we must answer the question of whether the international community is ready to provide medical aid for children in case of a disaster.

In recent years, there has been a lack of attention to pediatric aid in disasters and wars. In the well-known *New Aspects of Disaster Medicine*,¹ the issue of pediatric emergency care was not discussed at all. In the "Guidelines of Pan-American Health Organization for Assisting Caribbean Governments in the Event of a Disaster,"² children were not even mentioned.

In fact, after The International Symposium on Children and War conducted in Finland in 1983, this topic was

not addressed for a long period. It was discussed in depth for the first time only in 1991 at the 7th World Association for Disaster and Emergency Medicine (WADEM) World Congress on Emergency and Disaster Medicine, in Montreal. This Congress made an important decision to establish the International Committee on Pediatric Disaster Medicine, and I was elected the Chairperson of this Committee.

Since then, the problems of Pediatric Disaster Medicine have been discussed regularly. They were addressed at the World Conference on Health Emergencies in Technological Disaster (Rome, 05-07 May, 1992). The discussion continued at the 7th International Congress of World Association of Pediatric Surgery; 22-26 September, 1992, in Hamburg, Germany, and in the 8th WADEM Congress for Disaster and Emergency Medicine in Stockholm, 1993, where a special section on Children, Disasters, and Wars was formed. The 9th WADEM World Congress on Emergency and Disaster Medicine in Jerusalem (1995), Asia-Pacific Rescue Organizations Forum (AMDA, 06-08 October, 1995), and the 10th WADEM World Congress in Mainz followed the trend. During the meeting of the Board of Directors of WADEM in Jerusalem, we decided to organize special sections on medical and humanitarian aid for children during every subsequent WADEM forum. The situation has been changing gradually since the WADEM society started to realize that pediatric and adult emergency care differ a great deal, and that specialized pediatric support should be brought as close as possible to the site of an event.

One of the first specific discussions on Pediatric Disaster Medicine was held during an international conference organized by our Committee in Moscow in

1992. It took place in the beautiful rotunda hall of the President Hotel. The Conference adopted a communiqué:

- 1) Drawing attention of the world community to the necessity to improve the quality of medical aid to children during disasters;
- 2) Underlining that physiological and psychological peculiarities in children as well as the severity of their reactions to trauma determine the necessity of giving them medical aid at disaster sites by specialists in pediatrics or by specifically trained general physicians;
- 3) Noting that currently, there is no quick and precise information on necessary medical aid to children, and there is no coordination of efforts between governmental and non-governmental organizations providing this aid in disaster sites; and
- 4) Proposing organization of an International Information Bureau and a specialized pediatric team for providing adequate medical aid to children who happened to be at disaster sites.

One can almost count with the fingers of two hands the contributors to the subject of pediatric disaster medicine. These are Drs. Anna Freud and Dorothy Burlingham (1943), M. Fraser (1974), S. Staleup (1975), E. Bennett (1981), Dora Black (1982), J. Rivers (1982), E.M. Ressler, Neil Boothby, and Daniel J. Steinbeck (1988), J. Seidel (1984-1986), M. Sugar (1989), Yu. Isakov (1990), L. Roshal (1990-1997), V. Rosinov (1991), Peter Holbrook (1991), and D. Sapir (1993).

Pediatrician Frederick M. Burkle of Hawaii is very active in the field of Disaster Medicine. Dr. Ernesto A. Pretto, Jr., is carrying out quite interesting research on Evaluation of Hospital Preparedness for Managing Pediatric Medical Emergencies based on the experience of pediatric facilities in the United States. My colleagues and I have created a documentary, *War through the Eyes of Children*, which was shown on television and also during a number of national and international forums, (available upon request from WADEM office).

Potentials to provide proper pediatric emergency care differ between countries. Not every country has enough pediatric specialists in orthopedics, burns, trauma, and critical care. However, even when lacking the necessary personnel, some countries refuse help for political, religious, or other reasons.

Maybe Russia, having a significant sad but useful experience of catastrophes, is more advanced in organizing emergency pediatric care in disaster situations. A good example was a well-organized pediatric medical response after the earthquake in Neftegorsk, Sakhalin, when children were transported for several hundred kilometers to Khabarovsk, Vladivostok, and Yuzhno-Sakhalinsk.³

A serious drawback in organized international emergency pediatric aid is the absence of a specialized pediatric team in the leading institutions, such as WHO, UNICEF, and International Red Cross. These organizations are doing a great deal of work, but this work usually

includes humanitarian aid and channeling medical supplies and food for children. However, children often need not only medical supplies, but also those physicians who can use them properly, who know the specifics of Pediatric Disaster Medicine, and who are qualified to offer such help.

For the last five years, I have been trying to clarify my point of view to WHO, UNICEF, and International Red Cross. I have written a number of letters and met with various officials of different ranks. Everybody agrees to support the idea, but there has not been any practical implementation.

The problem is that none of these organizations have any free funds to dispose. The member states allocate money for specific programs only, and there is not any special Fund for international pediatric disaster aid.

At the Mainz Congress, we made another attempt to bring together the efforts of WHO, UNICEF, and Red Cross in this direction. We advocated the idea of organizing under their aegis, a group of highly qualified pediatric consultants to provide children with medical help in case of a disaster. This should be a self-dependent team of 15-20 pediatric specialists and nurses, provided with modern equipment designed for children. Members of the team should have the status equal to the United Nations staff with the same visa privileges. All countries should be informed of the existence of this team, and should provide assistance with its work.

We realize that implementation of this idea requires a great deal of time and effort. However, our work in this direction should be continued. The most interested parties are UNICEF and WHO.

This is one of the areas where the International Committee on Pediatric Disaster Medicine of WADEM is active. Another of our objectives is creation of national emergency pediatric teams. In this subject, we also count on help from UNICEF and WHO. We have prepared general guidelines for organizing and equipping national pediatric teams. Now, we are developing training programs to prepare the teams for work under unfavorable conditions. Soon, we will introduce these programs to all countries, especially those most vulnerable to disasters. We also suggest sharing the work experience of such teams through seminars and conferences.

Currently, we are well-informed about the conditions in Europe, Asia, and Latin America. However, we lack contact with the African continent and its large pediatric population. Apart from droughts and other natural disasters, national conflicts put thousands of children in distress. This issue receives attention from the Organizations of African Unity and other international bodies. I am grateful to Dr. O.J. Khatib, Head of OAU Health and Nutrition Division, for the materials provided. In 1990 in Ethiopia, the OAU adopted "The African Charter on the Rights and Welfare of the Child." Child's health receives close attention in this remarkable and thorough Charter: Paragraph 12 deals especially with assistance to children during armed conflicts. Additionally, in July of 1996, a special "Resolution on

the Plight of African Children in Situation of Armed Conflicts" was adopted in Cameroon. The Resolution points out that armed conflicts have a detrimental effect on the health of children, the future of Africa. It summons governments to remove children from the areas of conflicts, and to ban participation of youths under 18 years of age in military actions.

However, despite the efforts of African nations, the suffering of children on the African continent continues. This is true especially about the refugee children fleeing armed conflicts. These children urgently need specialized medical care, which is not available to them. Mr. Nigel Fisher, Director of Emergency Operations,

UNICEF, reported to this Congress on "The Medical Aid to Refugee Children in Zaire and Rwanda."

In addition, we heard important presentations on various aspects of Pediatric Disaster Medicine. Dr. F. Burkle (US) will report on "Advances in Triage Concepts for Children: Implications for Disaster Management"; Dr. A. Ammar (Saudi Arabia), on "Rehabilitation of Children Following Disasters"; Dr. V. Rosinov and B. Spivak (Russia), on "Rehabilitation of Children with Amputated Extremities (Earthquake's Lessons)"; and Dr. Bremer Fjaer (Norway), on "Mother-Child Care Problems in Disasters."

Now, at the 11th WCEDM, in Osaka, let us move ahead.

References

1. Proceedings of the Asian-Pacific Conference on Disaster Medicine; 24-26 November, 1988; Osaka, Japan
2. PAHO Disaster Response Team, July 1996
3. Johnson MS: The Tale of the Tragedy of Neftegorsk, *Prehospital and Disaster Medicine* 1998;13(1):59-64.