response and effective integration between military and civilian emergency services to achieve the best outcome in this disaster.

Keywords: aeromedical; Australia; Australian Defence Force; Bali; bombing; civilian-military cooperation; evacuation; stabilization; staffing; terrorist; triage

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Case Study: World Trade Centre: Lessons Learnt

Chair: Dr. Glenn Asaeda

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Regional Trauma System Planning after Disaster: The Ongoing New York City Experience

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The initial response to a medical disaster is a local response. In the USA, the Federal Disaster Medical Assistance Teams (DMATs) require 24–48 hours to be mobilized. Within New York City are 20 trauma centers and 60 receiving hospitals; hence, there are sufficient emergency medicine, trauma, and nursing personnel to respond to most medical disasters. Through a year-long, region-wide planning effort involving all key professional, organizational, and governmental stakeholders, the Regional Trauma Advisory Committee (RTAC) of New York City has developed a locally based Disaster Medical Instant Response System (DMIRS) to provide, on request of Medical Incident Command (MIC), assistance with secondary triage and/or patient care at deployable or existing medical facilities located near disaster scenes, until relieved by the National Disaster Medical System (NDMS). This will be accomplished via the training, mobilization, and deployment of Disaster Medical Instant Response Teams (DMIRTs), drawn from emergency medicine, trauma, and nursing personnel at trauma centers distant from the immediate vicinity of the incident, in order to minimize the potential of overwhelming medical facilities in the immediate vicinity of the incident. DMIRTs will include emergency physicians, trauma surgeons, emergency/trauma/OR/ICU nurses, and others with specific training and experience in emergency medical and trauma care whom regularly work together at the same facilities. DMIRTs will be pre-credentialed by MIC, and pre-indemnified by mutual system-wide consent, upon completion of MIC-approved training in disaster medical and trauma care. This model may be applicable to other large cities both rich in trauma resources, and prone to medical disasters.

Keywords: credentialing; disaster; Disaster Medical Assistance Teams (DMATs); Disaster Medical Instant Response Teams (DMIRTs); indemnification; New York; response; staffing; teams

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Psychological Disorders Following the World Trade Center Attacks

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Introductions: Data on the mental health effects of disasters in the general population are scarce. This study was conducted to determine the prevalence and correlates of post-traumatic stress disorder (PTSD) in residents of the lower half of Manhattan.

Methods: Five to eight weeks after the World Trade Center attacks, telephone interviews were conducted of a random sample of residents, using random-digit dialing techniques, in order to assess prior life stressor events, personal characteristics, extent of exposure to the WTC attack, and psychological symptoms since the attack.

Results: Among 988 eligible adults that were contacted, 19.3% reported PTSD symptoms at some point in their life, and 8.8% reported symptoms consistent with a current diagnosis (i.e., occurring within the past 30 days). The most commonly reported symptoms were intrusive memories (27%) and insomnia (25%). Predictors of current PTSD included living closer to the point of attack, lack of social support, experiencing other life stressors in the previous 12 months, experiencing panic attacks during the event, loss of possessions because of the attack, and being involved in the post-event rescue effort.

Conclusions: These findings provide important information for disaster planners and for emergency response policy development and implementation.

Keywords: attacks; correlates; disasters; exposure; memories; mental health; post-traumatic predictors; stress disorder (PTSD); prevalence; World Trade Center

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Symposium: Children in Disasters

Chair: Professor Kim Mulholland

Director, Centre for International Child Health, Melbourne, Australia

Children's Field Hospital — New Model for Organization of Medical Assistance to Children in Extreme Situations

Sergey Goncharov

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Since 1995, the public system of medical services in the Chechen Republic (ChR) for the most part has been destroyed. Its main purpose since that time has been to provide medical first aid to the population. Since 1995, children have not received necessary specialized medical assistance. Therefore, a children's field hospital (CFH) was founded in Gudermes Region of ChR.

The structure of the CFH includes: (1) A diagnostic block with X-ray equipment, ultrasound scanner, endoscopes, laboratory; (2) An operational block; (3) Wards for 50 patients; (4) A reanimation department; and (5) A