

(101) Political Determinants of Disaster: Kosovo*J. Levett*

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The contemporary pattern of disease in the Balkans is a complex blend of a repetitious past, rising chronic disease, the consequences of socio-economic upheaval, sanctions, and war. Nowhere are conditions worse than in Kosovo where demography has played a significant role in shaping the shifts in the mix and current make-up of the population as well as politics. The basic elements of everyday life are missing, such as sanitation and water. The number of sick and amount of diseases are increasing. Kosovo's infant mortality is the highest in Europe. Elderly people lack everything. Acute diarrhea is a latent problem, hepatitis is serious, tuberculosis is on the rise, and new diseases have appeared. Positive outcomes include a gain in crude mortality rate reduction, falling perinatal and maternal mortality, with life expectancy edging upwards. Vaccine preventable diseases are under control; no polio cases, and measles has been absent for seven years. One challenge is to shift the system from a disease-oriented model towards prevention. The current threat to human security is highly complex and includes vulnerability to man-made hazards and corruption. Stability, reconciliation, appropriate development, and good governance are prerequisites to threat reduction. One threat is a potential creeping disaster that will result in increased mortality, another is the current unsettling polarity that can spiral out of control. Kosovo provides an opportunity to evaluate the political determinants of health, and it is a policy challenge to the international community.

Keywords: disease; Kosovo; politics; public health; policy

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Oral Presentations—Theme 6: Humanitarian Crises

Session 1

Chairs: Jennifer Leaning; C. Breederveld

Experiences in Establishing a National Unit for Rapid Medical Needs Assessments of Disasters Involving Swedes Abroad

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As a direct result of the 2004 Tsunami, 543 Swedish citizens died and thousands were injured. At that time there was no formal Swedish governmental agency responsible for providing medical assistance to injured Swedes abroad. The Swedish Government requested that the National Board of Health and Welfare propose a response system to assess medical needs and, if necessary, provide medical assistance to Swedes during disasters abroad. As a part of this system, a Rapid Needs Assessment Team was formed consisting of medical doctors with experience from humanitarian emergencies, and specialized in infectious diseases, nuclear or chemical injuries, disaster medicine,

and air transports. This group can be assembled within two hours to conduct initial Remote Magnitude Assessments (RMAs) using media, internet, and telephone. If necessary, two team members will depart within six hours of notification to conduct a more detailed assessment in the affected area.

Since 2006, the assessment Team has gathered three times. Twice, it was concluded in the RMA that no Swedish assistance was needed. The third time, following the escalation of war activity between Israel and Hezbollah in July 2006, the RMA resulted in the dispatch of two team members for further assessment. During the weeks following their assessment, 9,282 persons were evacuated by the Swedish authorities.

The creation of a national unit for medical rapid needs assessment to conduct a RMA within two hours of incident notification or to be deployed to the disaster area soon after the onset enhances the medical and rescue response to the event.

Keywords: disasters; needs assessments; Remote Magnitude Assessment; response; Swedes

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The Psychosomatic and Medical Problems Observed during the Evacuation of Swedish Citizens from Lebanon, July 2006

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The rapid escalation of the July 2006 conflict between Israel and Hezbollah in Lebanon resulted in the evacuation of thousands of people. Medical support teams assisted the Swedish foreign ministry teams in Lebanon, Cyprus, Turkey, and Syria to facilitate the evacuation.

During the period of 17–22 July 2006, >5,000 people with connections to Sweden were evacuated from Lebanon. Somatic medical complaints were limited and usually minor. Of the medical problems treated, chronic diseases among the elderly accounted for a majority of consultations. One cardiac death occurred at the airport in Cyprus. Other medical problems observed were post-operative discomfort from cosmetic surgery performed in Beirut and one soft tissue injury caused by the fighting.

Psychosomatic complaints, however, were frequent, particularly during the early period when the possibility of evacuation was still uncertain. The reactions included simple anxiety, crying, aggressiveness, and cardiovascular and digestive psychosomatic problems. These reactions were exacerbated by lack of sleep. The presence of a physician offered stability and relief to the patients and the personnel involved with the evacuation. In addition, the physicians' role of being responsible for the health situation of each team member had a securing effect on the whole operation.

The presence of physicians in the evacuation of Swedish citizens from Lebanon became a valuable asset, despite the absence of serious physical injuries or diseases normally observed in a conflict zone.

Keywords: citizens; conflict; evacuation; psychosomatic; Sweden

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