

the rescue corps (firemen, health, air rescue), and other crews that will respond in any crisis situation.

One of the organizations participating in crisis preparedness is the Health Services, an authoritative power. Therefore, from 1990 to 1994, within the framework of the transformation of the Czech Health System, Emergency and Disaster Medicine began. Its inception coincided with such activities as the proclamation of the International Decade for Natural Disaster Reduction 1990–2000 and followed by the Strategy for a Safer World in 21st Century: Disaster and Risk Reduction (IDNDR Program Forum, Geneva, July 1999), including the reference of the WHO-Secretary General after the Chernobyl disaster in April 1986.

A direct consequence from this has been the creation of Emergency Medicine as an independent medical specialization in 01 January 1999. The specialization includes problems of disaster medicine, creating a medical foundation for the thorough and systematic preparation of the professional health staff to participate in finding solutions for the human health consequences that result from disasters. Currently, 180 physicians in the Czech Republic have passed successfully the examination and have achieved the specialization. Advanced professional education is now a reality in one of the main bodies of the Integrated Rescue System—the Emergency Medical Service. The Integrated Rescue System aids the police and the Firemen Rescue Corps of the Czech Republic. The disaster health consequences are covered by law: all medical organizations are included within the “other bodies” of the IRS with a legal obligation to assist in and control the medical situation.

Contemporarily, intensive efforts on the definitive formulation of Emergency and Disaster Medicine are in progress, in order to prepare for possible risks and to enhance the health service response to meet the severity of the risk. The priorities are specified primarily in the basic document of the Czech Republic—in the Security Strategy—that recognizes the necessity of preparedness for natural and industrial disasters.

The Czech Republic received immediate experience from rescue and restoration efforts during and after the floods that occurred from 1997 through 1999. These floods occurred along the Morava River that runs from north to south through the Czech Republic. It affected persons along the whole riverside, took 50 human lives and created damage in the amount of 62 billion Czech crowns.

**Key words:** costs; Czech Republic; disasters; emergency medical services; floods; health; Integrated Rescue System; legislation; Morava River; preparedness; priorities; rescue; restoration; risks; strategies; systems

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### **Flood Disaster in Northern Italy: The Experience of the Azienda Sanita Locale (ASL) 10 in Pinerolo (Torino).**

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The northwestern part of Piedmont was affected by a four-day period (13–16 October 2000) of torrential rain followed by a widespread flooding. Greater concentration of the adverse meteorological phenomena involved the Valleys of the Pinerolese between the 14th and 15th of October. Roads, railways, and bridges were closed by landslides and mudslides with consequent isolation of inhabited centres and hospitals. Severe damage occurred to the electrical network and caused the interruption of the supplies of drinkable water.

The health professionals and hospitals of the ASL-10 had to confront this emergency in order to ensure continuing medical assistance. This communication focuses on the ASL 10 reaction plan.

**Key words:** electricity; floods; health; hospitals; isolation; landslides; mudslides; plan; rain; water

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### **System of Rendering Psychological-Psychiatric Assistance to Population of the Chechen Republic in an Antiterrorism Operation**

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The problems of rendering psycho-psychiatric assistance to the population of the Chechen Republic had some peculiarities: (1) the location of the great number of temporarily displaced people in camps (>40,000); (2) accommodation of population in private sector, destroyed settlements and cities; and (3) absence of specialized medical institutions for rendering psychological-psychiatric assistance. From October 1999 to May 2000 on the territory of the Chechen Republic and Ingushetia, teams of psychological-psychiatric assistance were working. They included specialists from the ARCDM “Zaschita”, Moscow Research Institute of Psychiatry and State Research Scientific Centre of Social and Forensic Psychiatry of Ministry of Health of Russia. The main tasks of these teams were: (1) rendering specialized psychological-psychiatric assistance to the temporarily displaced population and population of the Chechen Republic; (2) organization of evacuation of psychologically impaired patients for the provision of specialized medical assistance in nearby territories; and (3) determination of the needs for specialization and for an increase in the qualifications of specialists in the psychiatric field. These teams included a psychiatrist, psychotherapist, or psychologist. For examination, special diagnostic questionnaires and tests were used; changes of personal psychological status were determined with the help of special programs. More than 4,500

of the temporarily displaced population of the Chechen Republic, including 480 children, were examined. In 11.3% cases some psychological diseases were revealed among the adult population: manic-depressive syndrome, schizophrenia, epilepsy, and psychoorganic syndrome. In 81.5% of cases, non-psychotic disorders were diagnosed, which were demonstrated by neurotic character and behavioral disorders.

Considerable place in the structure of nonpsychotic forms of psychic disorders was taken by lasting hypothymic situational reactions—*anxiety and dysphoria*—caused by situations. Specialists of psychological-psychic teams used the correction program for nonpsychotic forms of disorders (developed by the authors) among persons, being examined. This program included program of pharmacological support (three-cycle antidepressants, MAO inhibitors, etc), transpersonal psychotherapy, information-wave technologies (microwave resonance therapy, mesodyncephaly modulation, etc) that allowed them to obtain corrective effects in 87%. Patients with psychic diseases were sent for treatment into specialized medical institutions in cities of the Russian Federation (Krasnodar, Rostov, Vladicavkaz, etc.).

The system presented for rendering psychological-psychiatric assistance to the population was very effective, since it revealed the main forms of psychic disorders in the early stages. Special programs of treatment allowed correction in 87% of the cases. This system may be proposed for use in other countries in local conflicts and humanitarian disasters.

**Key words:** complex human emergencies; displaced populations; pharmacological support; psychological disorders; psychotherapy; recognition;

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#### **Deployment of French Military Field Hospital Following the 1999 Earthquake in Turkey**

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1. 7th Surgical Airborne Team 1er Toulouse Armees, FRANCE
2. Military Hospital Begin, Armees, FRANCE

On 22 August 1999, France sent a military field hospital to relieve the rescue clearing team of the Security Service and to complete the first aid organization to the victims of the earthquake that occurred in Turkey. This hospital was deployed under tents near the disaster-stricken local hospital in AKYAZI (200 km from Istanbul). It is important to restore the confidence of a disaster-stricken population that suffered from a recurrence of an earthquake. The rules of the action are: (1) reinforcement of the local medical organization that sorts the patients in order to send them to our hospital, (2) total autonomy of the hospital, and (3) close collaboration with the Turkish authorities to adapt the medical activity to the needs of the population.

During 24 days, the activities included 143 surgeries (46% of pediatric surgeries), 1,491 med surgeries, 1,262

radiology procedures, and 151 patients hospitalized.

**Key words:** deployment; earthquake; field hospital; rules; triage

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#### **Pediatric Anesthesia by Military Field Hospital in Disaster Situation**

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Military surgical teams also are employed in disaster situations. During 1999, they were deployed in a humanitarian mission in Turkey for earthquake victims, in East Timor for refugees, and in Chad for helping poor people beside the military mission. In these countries, the population is very young and surgical teams have performed many pediatric surgeries, mainly in emergencies: 158 children, 22% of all surgeries in the three missions and 46% in Turkey.

Many types of surgery were performed, and in these emergency and disaster situations, the anesthetic procedure must be very simple. Loco-regional anesthesia is a good way to easily manage pediatric analgesia.

**Key words:** anesthesia; children; earthquake; military; refugees; surgery; teams

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#### **Medical Radio Network Contribution for Medevac during Military Operations**

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Due to the impossibility of medical coordination, medical assistance in military operations is based upon a convoy of ambulances for medical evacuation, and upon mandatory stages of treatment or dispatching. Medical reports are written on field medical cards (NATO format), and reviewed or transcribed at each and every stage of medical care. Emergency categorization is made at the surgical clearing center, after first level of evacuation and the injured having been through the battalion first aid post. During the Gulf War, casualties were taken directly into the charge of medical teams on the battlefield. In Sarajevo, during peacekeeping operations, in order to reduce the waiting period before surgical treatment, simplified procedures were developed thanks to the use of operational radio networks and special medical messages. With the use of medical radio networks, regiment or battalion medical doctors can sort casualties, which could be dispatched directly to the specified field hospitals that are able to treat their respective injuries. Medical examination data also could be collected through a computer software application. These