

developing prospective recommendations regarding essential interventions that can be performed in a disaster.

Keywords: emergency preparedness; guidelines; pediatrics; resource utilization

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(G59) Medical Aid to Children Injured in Traffic Crashes in the Moscow Area

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Introduction: In 2008, 2,106 traffic crashes involving children occurred in the Moscow region. The burden of damages in the Moscow area is higher than in the city of Moscow due to the high speeds of automobiles on country roads. Children in the Moscow area have received medical aid at small municipal hospitals.

Methods: Since 2004, children have been evacuated from the crash site to municipal hospitals by emergency medical services. After stabilization, patients are transported by a specialized brigade of the Centre for Disaster Medicine by automobile or helicopter to the children's hospital of Moscow. The crew of medical helicopters consists of two pilots and an expert in resuscitation. The automobile is equipped with a portable analyzer of respiratory gases, electrolytes of blood, and a satellite antenna for telemedical consultations.

Results: From 2004–2008, 645 children were consulted. Of these, 592 were hospitalized in Moscow clinics; 499 were evacuated by automobile, and 97 by helicopter. Of the children, 57% were evacuated within the first day after trauma in 2004, compared to 83% in 2008. At the beginning of the program (2003), in the Moscow area, 108 of 1,331 children died (index -7.50), this index was 5.58 in 2008.

Conclusions: The medical evacuation children from the Moscow area to pediatric clinics with disaster medicine services in the city of Moscow has lowered the consequences of traffic crashes.

Keywords: children; emergency medical aid; medical evacuation; pediatrics; traffic crashes

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Keynote 5

Psychosocial Activities with Children Impacted by War and Natural Disasters

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Armed conflicts and natural disasters affect children in many ways. In addition to their direct effects on children's physical and psychological health, wars and natural disas-

ters cause the destruction of natural resources, health and social services, planned development, and cause increased poverty—all of which worsen children's well-being. Children's chances for optimal development are severely disrupted. Choice and design of psychosocial interventions must be based on the assessment of a number of factors such as: type of the event, number of individuals affected/number of responders available, victim's characteristics (their age, risk factors, cultural background), sociopolitical setting, etc.

The emphasis of the presentation will be on specific challenges in designing psychosocial interventions following a "one time event", such as most natural disasters, compared to chronic (prolonged duration) and/or cumulative (frequent and intense) traumatization, such as armed conflicts.

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Keynote 6

Keeping Abreast of Change

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We all can agree that Human Survival and Health are the objectives and the measures of success of disaster reduction and humanitarian assistance. A majority, if not all of us, also would agree that disasters and crises reflect the ways societies structure themselves and allocate their resources. With these two points in mind I would submit that any disaster, indeed, any crisis, is characterized by changes of the status quo. Change (in the weather, in the tectonic fault, in the structure of a building, etc.) is one determinant of the event, and changes are the main features of its impact: loss of lives and assets, increase in suffering, etc. Change brings risks and opportunities that must be tackled. The faster the change, the higher the risk.

There are three major drivers of epidemiological change: (1) climate and environmental changes; (2) demographic and social transition; and (3) economic and geopolitical transition. Each of these drivers carries specific factors of risk. For all three, we can recognize common (human) primary causes. Each of the three interacts with the others in patterns of increasing complexity and widening scope, e.g., the interaction between climate change, migration, and financial crisis.

Climate and environmental change brings: (1) Increases in natural and man-made hazards, such as new, extreme climatic events; loss of the environment's carrying capacity, e.g., in water and cultivable soil that result in "resource wars"); and changes in vectors' ecologies; and (2) increases in vulnerabilities, such as the absence of collective memory, greater environmental fragility, and forced movements and concentrations of people. The need for new coping/mitigating strategies is self-evident, but it meets with two primary obstacles: who will DESIGN them? and Who is READY to PAY for them?

Demographic and social transition brings: (1) Increases in man-made hazards including: accelerated social mobility,