

Iranian Military Forces in Bam Earthquake

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The earthquake in Bam, Iraq was one of the most catastrophic natural disasters in recent years. Considering the presence of military forces in search and rescue missions, this article discusses the medical and assistance activities done by Iranian military forces in this event in light of the importance of military forces' special characteristics.

Some of the most significant aspects of Iranian military forces activities in this event include: (1) reporting the first alarming reports about the event from the zone (2) starting search and rescue missions in the first hour after the disaster by the first brigade of Bam as the first assisting forces; (3) setting up two field hospitals as the first Iranian field hospitals in the disaster area; (4) transporting 937 assistance, medical, and healthcare personnel to the disaster area in the first day; (5) setting up 23 field emergency and 13 field assistance centers in the area; (6) running eight post-hospital care centers throughout the country; and (7) playing a significant role in airlifting more than 12,000 casualties to different hospitals around the country.

Based upon recent experience, the exclusive abilities of military forces discussed in the article, and particularly the lack of well-developed relief organizations with sufficient facilities in developing countries, a special and exactly defined role for military forces should be considered in developing a natural disaster response plan.

Keywords: Bam; civilian; earthquake; Iran; military; natural disaster; response

Prehosp Disast Med 2005;20(2):s84

Military-Civilian Collaboration for Teaching of Disaster Medicine

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Introduction: During an exercise in emergency and disaster medicine for nurses, an ambulance service of the Belgian army was used to provide simulation for a realistic situation.

Method: After theoretical teaching of emergency and disaster medicine, a day of simulations was conducted. Five rooms were equipped for practical situations (electrocution, infarct, multiple injuries), and had authorized nurses to implement techniques on simulated patients. A disaster simulation also was conducted. Last year, a blast injury was simulated with 25 patients burned or blasted, using smoke and an explosion to make the situation more realistic. For the drill, 10 military ambulances, 20 military emergency medical technicians, a civilian chemical team from the fire department, 15 firemen, four doctors (2 civil and 2 military), and a military helicopter to evacuate burned victim were incorporated. Three hours of simulation permitted the 18 nurses to practice triage, evaluation, treatment, and evacuation of the 25 victims.

Conclusion: The civilian-military collaboration allowed the conduct of a realistic simulation for nurses in safety

conditions for learning emergencies and disasters.

Keywords: Belgium, civilian-military collaboration; exercise; nurses; simulation; training

Prehosp Disast Med 2005;20(2):s84

Military-Civilian Cooperation in Disaster Relief

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The consistent shrinking of budgets as well as the pressure from governments to utilize military capabilities optimally as a collateral utility necessitates planning for civil-military cooperation in disaster relief.

The decision by the South African Government to send a disaster relief team to assist Algeria during the earthquake in May 2003 posed unique challenges for civil-military cooperation at extremely short notice. The unique capabilities required were not available in the military health service. Thus, a team was compiled of civilian and military experts to respond.

Joint command and control by military commanders over civilians and civilian team leaders leading military teams posed theoretical challenges that were overcome easily through cooperation and mutual respect. The end result was a relief team of 96 members deployed with a 12-hour notice to the opposite side of Africa with healthy interaction between military and civilian members.

Sending a team with only rescue capabilities more than 48 hours after a major earthquake would be an ineffective activity. Within the time frames, traveling distances, and logistical costs, a team that was able to assist primarily in rescue actions and then move to primary health care and post-disaster relief activities was established to provide the optimum use of resources. In this role, the military health service is uniquely positioned to assist in providing a multi-disciplinary team, with civilian counterparts providing high-specialty skills.

Basic lessons learned for compiling a comprehensive disaster relief team of civilian and military healthcare professionals to address the needs in a disaster will be discussed based on the South African experience in national, as well as international, disaster relief.

Keywords: civilian; cooperation; disaster; military; relief; South Africa

Prehosp Disast Med 2005;20(2):s84

National Disaster Preparedness Course for Hospitals (NDPCH): A Success Story of Civilian-Military Collaboration in Evolving International Standards of Disaster Preparedness Training in a Developing Country

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Introduction: This study aims to describe and evaluate a unique civilian-military collaboration between a developed country in Europe and a developing country in Asia, leading to the establishment of the National Disaster Preparedness Course for Hospitals (NDPCH) in India. It also suggests a model to evolve a structured training pro-

gram to strengthen multi-disciplinary disaster response capabilities in low-income countries by such collaborative efforts across civilian and military institutions that may cross national boundaries.

Methods: India is a disaster-prone, developing country with no formal national guidance for training in disaster preparedness for health sector. A massive earthquake in 2001 in Gujarat underlined the need for structured training in disaster preparedness for hospitals, prehospital personnel, and other health professionals. The Academy of Traumatology (India) in collaboration with the United Kingdom Defence Medical Services designed an India-specific training program for disaster preparedness: the NDPCH. This is partly based on the MIMMS course, which is available in civilian and military modules in many developed countries. The NDPCH is a combination of the one-day MIMMS program that is directed to prehospital staff and a one-day course tailored to hospital-based staff. This two-day intensive program involves lectures, tabletop exercises, practical skills training (radio procedure, triage), and directed discussion. An assessment of practical skills takes place at the end of each day. To date, >250 professionals have been trained, and the course has become a national standard for training in disaster preparedness. The NDPCH initiative has led to increased awareness about disaster preparedness in India. The principles taught in the course were first put into practice in 2002 following a terrorist attack on the Akshardham Temple in Gandhinagar, Gujarat. The program also has stimulated the development of emergency medical services (EMS) in many cities. "Training-of-trainers," courses now are offered jointly by military and civilian faculty.

Conclusions: This civilian–military collaboration has proved a unique joint effort, which successfully has augmented the disaster response capability of the civilian health sector in a developing country through a tailor-made training program based on international standards. This initiative has crossed national boundaries to promote cooperation between Europe and Asia. This course can serve as a model for military institutions with advanced capabilities in developed countries to collaborate with and support the disaster response capabilities in developing countries in order to strengthen the global efforts to reduce the burden of disasters.

Keywords: civilian–military; developing countries; Gujarat; India; MIMMS; National Disaster Preparedness Course for Hospitals (NDPCH), training

Prehosp Disast Med 2005;20(2):s84–s85

Civilian Cooperation in Disaster Medicine

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Since the end of the Cold War and the fall of the Berlin Wall, rapid changes have taken place in the security function. The threat of military, global confrontation has been reduced greatly, and accordingly, the role of the military has changed. Political authorities are more likely to request military intervention oriented towards humanitarian assistance

and disaster relief. Traditionally, military medical services have paved the way in these tasks. Well-trained personnel, organized rescue teams, and groups of specialists with appropriate technology must now be prepared to react at any time. These are vital factors in the immediate response to any disaster situation. In long-term-assistance operations, the military has the capability to help in the restoration of previously existing sanitary or healthcare systems. The whole area of civil–military relations and cooperation is defined and described in many NATO documents under the common term "CIMIC".

For example the MC 411/1 (NATO Military Policy on Civil–Military Cooperation) defines the wide and differing nature of relations between military and civil authorities, organizations, and agencies, and also the parameters of those relations according to the type of activities undertaken. In the Czech Republic, a specific law exactly defines the roles of individual bodies—civilian and military—involved in the response to any extraordinary or mass-casualty situations. An Integrated Rescue System (IRS) was installed to cover the whole country and recently has proved its effectiveness. During the flood disaster in August 2002 (the highest water level in the Czech Republic/Central European region for 500 years), military–civilian cooperation worked well within the framework of previously prepared legislation.

Keywords: CIMIC; Czech Republic; disaster medicine; mass-casualty; military–civilian cooperation; NATO

Prehosp Disast Med 2005;20(2):s85

Internalization of Medical Protocols during Medical Responses to Conventional and Unconventional Mass-Casualty Incidents

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Medical care in mass-casualty incidents (MCIs) is significantly different from medical and trauma care on a daily basis. MCIs due to terrorism creates challenges to medical response in the field and in hospitals. Medical personnel at all levels, on-site and in hospitals, share the objective to reduce mortality and morbidity caused by MCIs. Due to the security situation in Israel, injuries, such as those resulting from blasts or gunshots formerly identified with the battle zone, strike the civilian population.

Army Medical Corps and civil medical services cooperated and shared forces in order to research and establish national protocols for medical care due to MCIs. Civilian–military collaboration is part of emergency preparedness in Israel at several levels; as part of national committees at the level of policymakers, along with other civil members and ministers from the Ministry of Health (MOH), in the field level Medical Corp (MC) are taking part of training program related to conventional MCI as well as nuclear, biological and chemical (NBC) preparedness.

As part of readiness for MCIs, the MC in Israel have the highest capability to provide four essential elements: (1) search and rescue; (2) triage and initial stabilization; (3) medical care and evacuation with vehicle evacuation that may be