

among terrorism (7%) than war (2%) casualties, particularly among civilians.

Conclusions: The results indicate that injuries and hospital outcomes from terrorism compared with war were more severe, especially among civilians. Differences were likely the result of the unexpected nature of the attack and preparedness of the population group.

Keywords: injury; injury severity; terrorism; war

Prehosp Disaster Med

Do Modern Conflicts Create Different Medical Needs?

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Objective: Management of combat and civilian casualties during military conflicts creates different medical needs. This study analyzed: (1) type of injuries and medical services utilized by military casualties in three conflicts; and (2) the medical needs of military and civilian casualties from the 2nd Lebanon War.

Methods: Military casualties from three conflicts and military and civilian casualties from the 2nd Lebanon War were analyzed. Casualties were compared in relation to type of injury, length-of-stay (LOS), and operating room utilization (ORU).

Results: The rate of orthopedic injuries and casualties requiring treatment in the intensive care units (ICUs) remained fairly constant. Hospital LOS for general surgery, neurosurgery, thoracic surgery, and otolaryngology patients decreased, while LOS in the ICU increased over the three conflicts. Soldiers tended to have a higher percentage of orthopedic injuries. The LOS for both populations was similar. More civilian casualties required admission to the ICU and the LOS was lower compared to soldiers. The type of injuries sustained differed significantly for the two groups ($\chi^2 = 13.8$, $df = 4$, $p < 0.008$). Civilian ORU was higher for orthopedic and otolaryngological procedures, and the rate of general surgery ORU decreased.

Conclusions: The LOS possibly decreased due to improved evacuation facilities and diagnostic and therapeutic techniques. The exception was for burn casualties who, as a result of improved evacuation procedures, had an increased chance of survival.

Civilians are less protected during military conflicts, and therefore, are more susceptible to certain kind of injuries. Civilian and military medical needs differed. Civilians had a higher morbidity than soldiers, which resulted in an increased need for treatment in the ICU.

Keywords: civilian; conflict; injury; medical needs; military

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Nuclear Terrorism: Appropriate Planning Saves Lives

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Timely risk communication around nuclear terrorism can save many lives in the event of an urban nuclear detonation. Yet, in the US and many other Western nations, little has been done to organize effective planning.

During the height of the Cold War between the Soviet Union and the United States (and their respective allies) the combined arsenal of nuclear weapons peaked at more than 60,000 warheads. Hovering on the brink of nuclear war for some three decades, the atomic apocalypse was averted through a combination of the precarious doctrine of “mutually assured destruction”, crisis aversion leadership, and pure luck. The accepted assumption in the disaster response community was that because destruction would be so widespread, response planning would be futile.

Fast-forward to a post-9/11 world where we have witnessed the rise of global terrorist organizations, the increasing evidence of small, independent terrorist units, the relative availability of nuclear know-how and materials, rogue states seeking nuclear weapons, and fanaticism bent on wreaking maximum destruction on perceived foes. Now, we face a new scenario where isolated, improvised nuclear devices (INDs) represent a very different kind of nuclear threat.

Unfortunately, many disaster planning officials and agencies, including those in cities most likely to be the target of nuclear terrorism, have done little to prepare. Many are stuck in the Cold War mindset of “planning futility”. Priorities are diverted to scenarios deemed “more likely or more manageable”.

In reality, however, a nuclear detonation, while devastating and deadly to many, also is survivable for the majority of a targeted city’s population provided that: (1) responders are prepared, both locally and regionally; (2) information is timely and accessible; and (3) citizens are aware of a relatively limited number of essential survival guidelines.

This presentation will outline strategies for citizen education around nuclear readiness, as well as a rationale for appropriate regional planning for IND detonations, including principles of long-term recovery and resiliency.

Keywords: communication; nuclear terrorism; planning; preparedness; responders

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Prehospital Management of Emergencies and Mass-Casualty Events

Airmedical Evacuation during a Mass-Casualty Incident in a Remote Location

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Introduction: On 16 December 2008, a tourist bus crashed near the city of Eilat, causing 53 casualties. Due to the geographical distance, airmedical evacuation was the major means of evacuation to Level-One Trauma Centers.