

Overall, recorded death rate was 0.5/10,000 (all associated with diarrhea). 3,586 bodies were identified in the refugee camps and surrounding areas of Goma, almost all the result of trauma. Many died in the weeks before the exodus. Health centers were overwhelmed and many of the deficiencies in provision of health care identified in 1994 were again evident. Non-violent death rates were low, a reflection of the population's health status prior to migration and immunity from the 1994 cholera outbreak. Health facilities were over stretched, principally because of depleted local health care workers following the 1994 genocide. Health care facilities running parallel to the existing health care system functioned most effectively.

Session 3: Preparedness

Chairpersons:

- B. Brismar (Sweden)
- T. Silfvast (Norway)

A Law Defining the Transport of Unidentified Casualties: A Necessity to Allow Care on an International Scale

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The probability of the occurrence of a technological accident is increasing constantly in-line with the development of industrial societies. The right of access to care is a right recognized and accepted in all countries that grant their citizens a place in accordance with the Declaration of Human Rights.

What becomes of deceased persons is the subject of national and intergovernmental measures in order to identify the victims and to comply with the laws of each State. Forensic medicine services are mobilized, but recent cases at a European level, define the place of the procedures outlined by the services of Interpol.

The future of injured persons can pose similar problems when the lesions (burns) affect the faces of large numbers of victims, and cause the patients to lose consciousness. In this type of disaster, the country concerned may not have at its disposal an adequate number of specialized care units.

The evacuation of victims to other countries makes it necessary to respect civil laws regarding the first measures to identify those involved prior to crossing borders. It also is desirable that the introduction of a regional law be promoted that will allow, through agreements between states, the evacuation of even anonymous victims to specialized care services.

The example of the bilateral agreements established between Switzerland and France proves that the logic of

humanitarian law is progressing in this direction.

The authors will present their study of the different agreements ratified with the specificities particular to each convention. It is up to each state to further these measures, as much with respect to the acceptance of the reception of anonymous victims as to the agreement of transfer of unidentified victims.

Key Words: anonymous victims; burns; international law

Disaster Medicine Service of a Large Industrial Region

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The main concept of Disaster Medicine lies in the organization for tactical and medico-technological problems. The local service of Disaster Medicine was founded the Sverdlovsk Region in 1993. One of the main principles for its formation was the rational requirement of forces and equipment for the area of 270,000 sq. km. and the 5 million people who inhabit the Sverdlovsk region. The region consists of a sector with a large industrial concentration, and also some areas that are considerably remote. Special attention was paid to the formation of mobile departments that are self-contained and can work autonomously.

Five of these departments are on duty every 24 hours. During 1995–1996 emergency general anaesthesia was provided for 1,530 patients. Among these, 1,163 were done in the military conditions in Chechnya: three of these cases died. There were no such cases during the other 367 anesthetics provided in the territory of Sverdlovsky Region. Sixteen patients were transported by helicopter with the help of artificial lung ventilation; among them, two patients successfully were provided cardiopulmonary resuscitation (CPR). Successful CPR also was provided for two of the 38 patients while being transported by an automobile (ambulance). In all cases, we provided EDC respiratory support, intravenous infusions, indirect cardiac massage, and drug therapy. Thus, the first experiences of the Disaster Medicine Center demonstrated the effectiveness of providing treatment and decreasing the morbidity of patients in conditions of catastrophes.

We want to recognize with great respect, the name of the founder of Disaster Medicine, Rudolf Frey. Today, the realization of his ideas takes place in the whole world and are of great benefit to all mankind.

Key Words: anaesthesia; cardiopulmonary resuscitation (CPR); disaster medicine; management

Problems on the Earthquake Disaster

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At 05:46 hours on 17 January 1995, a major earthquake (magnitude 7.2 on the Richter scale) hit the southern