Kobe; KUMT; NGO; relief; shelter; supplies; team
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Advance Deployment and Organization of Activities of a Field Multiprofile Hospital (FMH) in Local, Armed Conflicts

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In health responses to military operations, one must deal with the particularly specific role of a Multiprofile Hospital (FMH) in health response under these conditions. First, this is the structure of casualties, characteristic properties of the affected people cohort, and capacity for evacuation. The specific nature of medical care delivery to the affected in armed conflicts is not a general practice with civilian medical units, while the Field Multiprofile Hospital (FMH) belongs to the ARCDM "Zaschita", and the FMH has had a unique experience of such activity during military conflict in the Chechen Republic in 1994–1995. In those years, the FMH teams worked in such localities as Mozdok, Tolstoi-Yurt, Znamensky, and Grozny; took part in health response activities following terrorist acts in Budenovsk, on the Chechen-Daghestan border (Pervomajsky); and in military operations within the area of Sunzhi station (1996). During the period of its work depending on the specific medico-tactical situation, the FMH's tasks, principles of its operation, and variants of deployment have been amended correspondingly.

Summarizing the experience gained, one may determine three basic variants of FMH's operation during armed conflict: (1) deployment of a surgical hospital on the basis of a local medical facility, (2) deployment of a self-supported surgical hospital, and (3) deployment of a self-supported multiprofile hospital

Our experience demonstrates that the FMH of ARCDM "Zaschita" is well-adjusted for operation under such conditions, as its organizational and staff structure and medical equipment promote the delivery of any type of medical care, including secondary care. The FMH is capable of urgent response to changing situations, and can timely amend the task set to that medical unit.

Key words: adaptability; armed conflict; experience; field; hospital; medical care; multiprofile; uses
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Dissolving and Eliciting Technique Applied to Cerebral Hemorrhage Associated with Hypertension

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Objective: To investigate whether use of the dissolving and eliciting technique applied to a wound that is not serious is or not feasible for treating cerebral hemorrhage associated with hypertension.
Methods: From July 1998 to October 1998, we applied the technique to treat cerebral hemorrhage associated with hypertension on 23 patients.
Results: Hematomas were eliminated in more than 50% of patients within 24 hours. Of the group, 3 patient's hematomas were smaller than 10 ml, the next day they were drawn by tube. Otherwise, in 12 patients, hematomas were eliminated in more than 70% of patients and were able to be drawn by tube.
Conclusions: The technique to apply to a wound that is not serious is simple and feasible, adaptability is broad, and is not restrictive. The effects of the hemolytic medicament "two in one" is remarkable.
Key words: cerebral hemorrhage; dissolving and eliciting technique; hematoma; hypertension
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Floods in Mozambique 2000: Analysis of the MSF Emergency Response

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Introduction: Heavy, torrential rains during the rainy season 1999–2000, caused serious flooding in many parts of Southern Africa. Mozambique was the worst affected country with an estimated 1,000,000 people affected directly, and around 300,000 people temporarily displaced. All southern provinces of Mozambique were affected to a varying extent; the coastal regions as well as the population along the main rivers of Gaza, Sofala, and Inhambane Provinces suffered most the consequences of the flooding.

MSF response and activities: Medecins sans Frontieres (MSF) launched an emergency intervention on 6 February, two days before the Mozambican government declared anational state of emergency. A large MSF stock of drugs and material in Mozambique facilitated the rapid initiation of an assistance program. At the peak of the disaster, four MSF sections (operational centers) were involved in the management of the emergency. MSF-Switzerland in a joint mission with MSF-Luxembourg, focused its intervention on Maputo and Gaza Provinces. Collaboration with the Mozambican authorities and other aid organizations was satisfactory. In Maputo and Matola, the Mozambican authorities assured primary and secondary health care and MSF focused on cholera control. In the identified zones in Gaza province—Chokwe, Chaquelane, Macia—MSF was involved in assisting approximately 100,000 displaced persons. The main activities were the following:

1. Primary health care through the installation or reinforcement of health posts
2. Introduction of an adapted epidemiological surveillance system
3. Provision of potable water and improvement of sanitary conditions in displaced camps
4. Cholera preparedness and outbreak control (9,587 cholera cases in Maputo and Matola with cumulative attack rates = 0.70 and 0.69 respectively, and overall case fatality rate = 1.4, and 241 cases in Gaza province [CFR = 1.24])
5. Management of malnourished children (rehabilitation