

equipped medical teams activated during the first 48 hours after the onset of a disaster. Training courses also exist for overseas medical staff, including a disaster medical management course for Andean countries (Bolivia, Columbia, Ecuador, Peru, Venezuela), a training course in the reinforcement of mitigation and preparedness in disaster medicine (the Philippines), and the Hyogo overseas technical trainees program (Indonesia, Nepal).

Secondly, the HEMC regularly holds a meeting with the core hospitals and government organizations, such as the firefighters, the police, and the Self-Defense Force, to prepare for a disaster.

There also is an alliance called the DRA (Disaster Reduction Alliance), which is composed of the 15 organizations (WHO, JICA, ORCHA, UNCRD, etc.) in Kobe that share information in order to reduce the risk of the disasters.

Finally, relief workers are sent to the scene of disasters as a part of the government organizations, where they cooperate with the non-governmental organizations.

Relief workers have been dispatched to domestic and foreign disasters, such as Typhoon Tokage, the Niigata Chuetsu Earthquake, the train derailment in Amagasaki, the Bam Earthquake, the Sumatra Earthquake and Tsunami, the earthquake in Pakistan, and the Java Earthquake.

Keywords: disaster; disaster management assistance team; government organizations; Hyogo; Japan

Prehosp Disast Med 2007;22(2):s43

(64) Utilization of a Nurse-Operated Call Center in Clalit HMO in Israel during the Israel-Lebanon War, July–August 2006

A. Goldberg;¹ I. Zmora;¹ M. Berkowitz;¹ O. Berkowitz;² Z. Sadeh²

1. Clalit HMO, Tel Aviv, Israel
2. Israel

Introduction: Clalit Health Services (CHS) is one of the world's largest Health Maintenance Organizations (HMOs). Clalit runs a nurse-based Call Center (NCC) that provides medical consulting on various medical issues. All calls are documented.

During the Israel–Lebanon war in 2006, the northern part of Israel experienced heavy bombardments. The supply of health services was limited. The NCC continued to be active during the conflict.

Methods: An analysis of NCC data comparing utilization by CHS members in the north during war and pre-war periods was conducted. The NCC utilization ratio during four time periods (pre-war, war 1, war 2 and post-war) was then compared, in the affected areas and in the rest of the country. Data were analyzed considering the main causes for the calls.

Results: The average of daily calls in affected areas during wartime was 186 compared to 126 during the previous six months. Significant differences were noted in abdominal pain (4.66 vs 3.35, $p = 0.02$), issues of pregnancy (13.8 vs 7.07, $p < 0.001$), and instructions for the use of medications (9.60 vs 7.46, $p = 0.004$). Call rates in affected districts were 142, 239, 256, and 148 calls per 100,000 in pre-war, war 1, war 2, and post-war time periods respectively. These results

compared to 278, 250, 264, and 271 per 100,000 in the non-affected districts.

Conclusions: A significant increase in the number of calls processed in war-affected areas. Calls returned to baseline numbers immediately after war. There was a decline in the number of calls from people in other parts of the country. The NCC was an important source of medical information during the war, partly filling the lack of regular health services during this period of crisis.

Keywords: health services; Israel; medical consultation; nurse-operated call center; war-affected areas

Prehosp Disast Med 2007;22(2):s43

(65) Too Late and Too Long for Babies! The Role of Emergency Transportation and Trained Paramedics in Preventing Infant Mortality in Rural North India

J.J.C. Chungath;¹ S. Singh;² R. Franz;³ S. Seena;¹ P. Anthikkal²

1. Emmanuel Hospital Association, New Delhi, India
2. Broadwell Christian Hospital, Fatehpur, India
3. Wheaton College, Chicago, Illinois USA

Objective: To study the role of emergency transportation and the lack of timely paramedic resuscitation on fetal outcome in labor patients in rural Uttar Pradesh.

Methods: A retrospective analysis of 1,480 babies born to 1,422 pregnant mothers from May 2003 to April 2006 in a secondary-level center in rural India was done. There was one triplet and 56 twin pregnancies. The distance traveled and the time from the onset of labor was analyzed in relation to fetal outcomes.

Results: There were 105 fetal deaths (7%) out of 1,480 deliveries. It was found that the risk of fetal death is 2.89 times greater when the mother in labor was brought from a distance of >10 km (CI = 1.89–4.44 km). It also was found that mothers who delayed arrival to the hospital for >6 hours after the onset of labor were 2.75 times (CI = 1.56–4.92) more likely to have fetal death occur.

Conclusions: With an infant mortality rate (IMR) of 83/1,000 live births, the state of Uttar Pradesh has one of the highest infant mortality rates in the world. Uttar Pradesh alone contributes 25% of all infant mortalities in India. The provision of emergency transportation systems and trained paramedics will help India to achieve the Millennium Development Goal of IMR <27 per 1,000 by 2015. This will be the contribution of emergency medicine in preventing the fetal death, which often is a tragic consequence of a normal physiological occurrence.

Keywords: emergency transportation; India; infant mortality rate; mothers in labor; paramedics

Prehosp Disast Med 2007;22(2):s43

(66) Role of Emergency Medical Services Agencies during Hospital Evacuation or Need for Mass-Patient Transfer

M.J. Reilly; D.S. Markenson

New York Medical College, Valhalla, New York USA

Introduction: Many studies detail the lack of surge capacity among hospitals during a disaster or public health