number, type, and scale of individual and small group altruistic medical responses to the October 2005 Kashmir earthquake from the United Kingdom (UK).
**Methods:** A search was conducted of the UK Lexis-Nexus newspaper database from October 2005 to April 2006 using the search strategy: (Pakistan AND earthquake AND (medic* OR nurs* or health)). Reports purely relating to fundraising or to professionals working with international organizations such as Medecins Sans Frontieres (MSF) or the Red Cross/Crescent were excluded.
**Results:** A total of 460 articles were located, of which 33 were duplicates within the database. Most articles related to fundraising, however, 21 directly reported UK health professionals traveling to or sending medical supplies independently to Kashmir without invitation. Doctors traveling included anesthetists burns, general, orthopedic and plastic surgeons, emergency physicians, general practitioners and rheumatologists, of all grades from trainee to retired. Nurses, theatre technicians, and therapists also traveled. Reports were found from 14 different regions of the UK.
**Conclusions:** Despite international pleas to the contrary, the Kashmir disaster resulted in multiple uncoordinated, individual relief efforts from the UK. There is a need for international registration and credentialing of healthcare professionals traveling to disaster zones and more direct management and oversight of their activity.
**Keywords:** donations; international response; Kashmir earthquake; United Kingdom; wasted resources
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## (104) Greek Mission in South East Asia (Thailand-Sri Lanka) after the Tsunami (Operational Drawing "ARGONAFTIS")

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This presentation describes the organization and operation of the Greek mission in South East Asia, after the South East Asia Tsunami in 2004.

The duration of the Greek mission during first response phase, was from 28 December 2004 until 03 January 2005. The distribution of humanitarian help took place in Maldives, Sri Lanka (Kolombo), and Thailand (Bang-Kong). From February through April, 2005, the mission followed the sanitary operational plan "Argonaftis" in Sri Lanka (Trinkomaale), with the aim of distributing humanitarian help and providing sanitary coverage for the population of this region.

The distribution of the humanitarian help was successful. In 29 days, the total number of patients examined was 1,947. The majority of the incidents (>90%) concerned patients with chronic health problems. Seven cases of urgent transfers were recorded with the hospitalization of the patients at the local hospital. The overall assessment of the mission concluded that it was successful.
**Keywords:** Greece; humanitarian assistance; sanitation; South East Asia Tsunami; Sri Lanka
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## (105) Plans for the Management of the Infiltration of Illegal Immigrants—"Poseidonio", "Valkanio"

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**Objective:** To organize and coordinate the actions of the involved institutions and propose the means and processes needed to manage the illegal immigration.

To meet these objectives, the following steps must be taken: (1) the convenient localization and the dislocation that facilitates the trafficking of illegal immigrants, as well as the means that are used for their transport must be contained; (2) the borders of the country must be monitored and controlled; and (3) the entry of illegal immigrants must be prevented.
**Results:** The processes must be contained by the development and enactment of a

1. Legal framework at the Greek and international levels; and
2. Means, processes, and assessments used by the involved institutions must be standardized.

**Conclusion:** The effort of illegal immigrants to infiltrate the country and the forces working against them operate on a daily basis. An excellent knowledge of the existing plans from the involved institutions is essential for preventing illegal immigration. Explicit discriptions of the roles of the involved institutions should exist prior to the occurrence of an event. The involved institutions and infrastructures must be coordinated.
**Keywords:** borders; illegal immigrants; trafficking; management; plans; roles
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## (106) Medical Relief Work in the Gujarat Earthquake, 2001

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On behalf of the Indian Society of Critical Care Medicine, Calcutta Branch, and the Rotary Club dist-3290, the authors traveled to the earthquake-affected areas of Gujarat in 2001 to provide relief and aid to the victims. A 10 member team, including doctors and paramedics, started their relief work, making Bhachau (68 km from Bhuj) the main focus of their relief work. Bhachau was the worst affected area following the earthquake. Out of 45,000 people living in Bhachau, approximately 10,000 died due to this disaster. The team arrived with adequate types and amounts of drugs, surgical instruments, and resuscitation facilities. The team observed the city of Bhachau and 72 villages of the Bhacahu taluka, within an area of 140 km x 50 km, completely razed off of the ground. The team worked with the NGOs in this area. The team also worked with military medical units, where members performed many life-saving emergency operations, such as fractures: (1) fractures of the humerus, neck femur, and mandible; (2)

nailing; (3) plating; (4) amputation; (5) skin grafting; (7) malunion; and (8) treating the wound infections. The team also worked with Relief International of the US in different villages, such as Dudhai, Rappar, Baliari, and Chowbari. The team examined many pediatric patients—30% of them suffered from respiratory tract infection. The team examined about 3,000 patients within 10 days; 60% were trauma victims. The team also identified cases of anxiety, depression, and fear psychosis. Members felt that in the future, the team should prepare for better management in order to face such a disaster if they were to arrive suddenly with proper backup facilities, as are found developed countries.

Keywords: Gujarat earthquake; India; medical relief work; medical teams
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### (107) Lessons from the Banda Aceh and Kashmir Disaster Relief Efforts

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**Introduction:** On 26 December 2004, an earthquake measuring 9.0 on the Richter scale buckled the Indian Ocean floor. More than 275,000 people perished in the Tsunami that followed. On 08 October 2005, the same tectonic plates were involved in an earthquake measuring 7.6 on the Richter scale in Pakistan and India, killing tens of thousands of people.
**Methods:** The Belgian Association of Pediatricians sent a medical mitigation team (BMT) to the tsunami-engulfed General Hospital of Banda Aceh (Northern Sumatra). Ten months later, the Belgian government sent a disaster relief team (B-FAST) to Kashmir.
**Results:** The BMT started a pediatric intensive care unit at Banda Aceh, which ultimately led to ethical discussions among international partners, as well as among team members. The most critical patients suffered and died from systemic Burkholderia Pseudomallei infection (melioidosis) caused by the aspiration of murky ocean water. In Kashmir, B-FAST dealt with severely infected wounds and fractures as a consequence of local folk medicine practice.
**Conclusion:** To avoid ethical issues with the disaster relief site becoming a terminal instead of a transit zone, critical pediatric patients should be fully supported medically, stabilized, and then transferred immediately to Western civilian and/or military-controlled intensive care facilities.

Keywords: Banda Aceh; disaster relief efforts; earthquakes; Kashmir; Tsunami
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### (108) Youth Awareness in Disaster Reduction

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This presentation will seek to explain how young people can contribute to disaster reduction. It has been proven that when there is a war, destruction, and other negative outcomes, young people are prominent. These young people are the future. Many people do not realize that young people also are able to use the same effort and potential energy in reconstruction and rehabilitation. For example, young people can use this effort and energy to address disasters caused by climate change. This is an innovative way to explore this force in contributing to disaster reduction. For young people, it involves them in the decision-making so that they can become players instead watchers in disaster-related issues.

Keywords: disaster reduction; young people; youth awareness
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## *Oral Presentations—Theme 7: Mass-Gatherings*

### *Session 1*

*Chairs: Paul Arbon; M. Sabbe*

### Medical Planning for a Major Event: The Pope's Visit to Krakow on 26–28 May 2006

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**Introduction:** The Pope's three-day visit in Krakow between 26–28 May 2006 required a major exercise in medical planning. The largest gathering, at the Holy Mass participated by the Pope on Krakowskie Blonia, occurred on 28 May 2006 and attracted a crowd of 1,000,000 people. The medical coverage was organized on two levels. Basic first aid was provided on the first level by the scouts, the Polish Red Cross, and the Medical Services of the Order of Malta. The second level was responsible for basic life support/advanced life support (BLS/ALS) standards of care and was provided by the emergency medical services (EMS), which included the staffs of 46 ambulances and by personnel from seven field hospitals.
**Methods:** The analysis involved 939 medical interventions at the field hospitals and information was collected on the following: (1) age and sex of the patients; (2) type of intervention; (3) scope of assistance: first aid, BLS, or ALS; (4) time of intervention; (5) treatment received; and (6) transportation to the hospital.
**Results:** Most of the ailments experienced were: (1) headaches; (2) effects of heat; (3) blisters; and (4) and abdominal symptoms. The field hospital treated a wide range of conditions including: (1) cardiac conditions; (2) fractures; (3) premature labor; and (4) acute abdominal emergencies. There was a large age difference among the patients and the majority of those receiving treatment were women.
**Conclusions:** The Pope's visits required medical preparation for mass-gathering. An inventory of incidence of conditions was collected.

Keywords: crowding; mass gathering; medical intervention; planning; treatment
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