

of local sufferings were relieved. But, at the same time, there is a need for relief activities including rehabilitation.

Keywords: clinics; contamination; disaster; earthquake; India; infection; relief; wounds

Prehosp Disast Med 2002;17:s19-20.

Report of the Japanese Red Cross Society International Medical Relief ERU during the Earthquake in Western India

Koji Sato, MD; Kiyoshi Ishikawa; Nobuyuki Suzuki; Mitsuki Tanaka; Kazuyoshi Yamaguchi
Nagoya Daini Red Cross Hospital

Objective: The Japanese Red Cross Society (JRCS) together with the Clinic Emergency Response Unit (primary healthcare ERU), formed the International Medical Relief Team, that responded immediately to the earthquake in western India that occurred on 26 January, 2001.

Methods: The team camped in Bhuj, and on 01 February, set-up the clinic 7 km west of this position in Sukhpur. The clinic consisted of two tents: 1) the clinic; and 2) an operation theater. The JRCS ERU consists of 11 persons including a team leader, two doctors, four nurses, and four administrators.

Results: During this mission, 41 persons, including a doctor, a nurse, administrator, and a pharmacist, were delegated from JRCS. On average, 150 patients were treated per day, and a total of 5,000 patients were treated until the clinic was closed on 24 March.

Conclusion: Personnel training is a pressing need. The training primarily is provided by four base hospitals (Japanese Red Cross Medical Center Kumamoto Red Cross hospital, Wakayama medical center, and our hospital), and now the registration staff has increased.

Keywords: earthquake; emergency response unit; international medical relief

Prehosp Disast Med 2002;17:s20.

Lessons of Earthquakes in Russia and Abroad in XXI Century

Sergey Fedorovich Goncharov; Victor Nicholaevich Preobrajensky

All-Russian Centre for Disaster Medicine "Zaschita" Moscow, Russia

Objective: The unique experiences of ARCDM (Zaschita) are based on Russian and international experiences of rendering health assistance in earthquakes. At the same time, analysis of the acquired experience revealed the absence of a common international concept relating to succession and continuity of rendering different types of medical assistance.

Methods: Systemic analysis of three earthquakes (Russia, Turkey, Columbia) in response activities of which ARCDM "Zaschita" took part, using methods of mathematical modeling, has been implemented.

Results: Each earthquake was characterized by different methods of rendering health assistance. In particular, in Neftegorsk (Russia), primarily evacuation procedures took place; in Izmit (Turkey), it was delivery of emergency

medical care; and in Kalarka (Columbia), it included the mass delivery of outpatient care to the population.

Conclusion: Insufficient experience of rendering these types of assistance in other countries, including international standards, results in decreasing its efficiency. These lessons must be taken into consideration in the limits of forming common system of education in the field of modern problems of rendering health assistance in earthquakes. It is necessary to set up a unique international system of coordination and interaction in earthquakes based on the unique principles of healthcare delivery in such circumstances.

Keywords: earthquakes; experience; health assistance; international standards

Prehosp Disast Med 2002;17:s20.

Department of International Medical Relief at Nagoya Daini Red Cross Hospital

Mitsuki Tanaka; Kiyoshi Ishikawa, MD; Koji Sato, MD; Nobuyuki Suzuki, MD; Asako Akatsuka; Tomoko Sakai; Kazubio Komai; Tsutae Hikosaka; Kazuyoshi Yamaguchi

Department of International Medical Relief, Nagoya Daini Red Cross Hospital

Objective: The domestic and international demand for the Japan Red Cross Society (JRCS) has increased. To meet this expectation, the JRCS gave an order to four Red Cross Hospitals to establish the Department of International Medical Relief (IMR).

Methods: To recruit the members, each hospital gave notice to all the hospital workers to recruit and train those who were willing to join the IMR team. Nagoya Daini Red Cross Hospital (NDRCH) voluntarily established the Department on April 2001. This document reports the preparation and the progress of this Department.

Results: After earthquake in India during January 2001, the Clinical Emergency Response Unit (JRCS primary health care ERU) was introduced and obtained excellent results. The Department of IMR in NDRCH recruits and manages the members and prepares the vaccinations for them. Also, it cooperates with the JRCS Headquarters to present the training courses. The Department carries out the study of unfamiliar diseases, and shares this knowledge with its members. It also offers English lessons to improve communication skills. Currently, there are more than 30 members.

Conclusion: Currently, IMR activities require human resources from Japan. Therefore, it is essential to have members in this hospital who contribute to this activity.

Keywords: development; education; International Medical Relief Department; requirements; vaccinations

Prehosp Disast Med 2002;17:s20.

Aerotrtransportaion and Telemedicine of the Injured Patients from Remote Volcanic Islands

Makoto Mitsusada; Itaru Osaka; Nobunori Koga; Tatsue Yamazaki

Life-Support and Emergency Center, Tokyo Metropolitan Hiroo General Hospital

Objective: Three large volcanic eruptions have occurred