

tion in Armenia, and a second one presents new data on relocation of victims who experienced the earthquake and the effects of relocation on their children. To sustain the success of the mental health program in Armenia, it is important that volunteers have certain important characteristics, which will be discussed as well.

Keywords: Armenia; crisis intervention; earthquake; follow-up; mental health; psychosocial

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Free Papers—Theme 17: Tsunami-2

Survey for the Medical Needs and Life Conditions following the 2004 Sri Lanka Tsunami

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Objective: To identify the medical needs, state of public health, and life conditions during the tenure of the Japan Disaster Relief (JDR) medical team during the sub-acute phase following the 2004 Sri Lanka tsunami. Additional objectives included: (1) contribute to the direction of medical service; (2) search for serious cases; (3) clarify the public health situation in Sainthamaruthu.

Methods: The study was performed using comprehensive interviews of disaster casualties (35 households, 199 persons) who were living as refugees and the examination of the quality of water and sanitation facilities that were available.

Results: During the early phase of the disaster, traumatic illnesses and respiratory diseases were the main medical problems found in patients without serious injuries. These were followed in frequency by skin diseases and mental or psychological problems. There were 23 patients presenting with traumatic injuries, 13 patients with respiratory diseases, 11 cases of skin disease, and seven cases with mental issues. The state of public health, in terms of water and sanitation, was maintained fairly well. As for the life condition, the supply of drinking water and the availability of toilet facilities were not maintained as well as was the public health state. However, with time, mental stress increased gradually.

Conclusions: Because water was distributed by pipes, water-borne diseases were not an issue. During the sub-acute phase following a tsunami, it is imperative that medical teams concentrate on traumatic injuries, respiratory diseases, and skin diseases concurrently; coping with patients suffering mentally should follow during this phase, and the maintenance of public health should always be a task.

Keywords: Japan Disaster Relief (JDR); life conditions; mental health needs; respiratory infections; skin disease; Sri Lanka; trauma; water-borne diseases

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Patterns of Injury at the ICRC/Norwegian Red Cross Hospital in Banda Aceh

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Objectives: To evaluate the injury pattern and the need for a field hospital in Banda Aceh after the tsunami on 26 December 2004.

Material and Methods: All medical records for patients admitted to the hospital as well as for all patients treated in the outpatient department were abstracted. Age, gender, reason for admission, diagnosis, and treatment were recorded from the opening of the field hospital until 10 March 2005.

Results: As of 02 February 2005, a total number of 40 patients were admitted to the field hospital, some with severe injuries. In the outpatient ward, approximately 100 patients have been seen, many of them showing signs of post-traumatic stress disorder. Details on types of injuries, types of diseases, and psychiatric problems will be presented at the end of the study.

Discussion: The results will be discussed in the perspective of evaluating the real need for a field hospital in a similar disaster situation affecting a middle-income country. These results will be compared with a similar study performed by the author in Bam, Iran in December 2004.

Keywords: Bam; comparison; field hospital; injuries; patterns; relief; tsunami

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Tsunami Disaster and Child Victims in Sri Lanka—A Case Study

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The recent tsunami has created a devastating situation in 15 districts of the coastal areas of Sri Lanka. Nearly 50,000 lives have been lost, of which 33% are estimated to have been children. Presently, thousands of children are displaced, and many of them have lost either one or both parents, siblings, and loved ones. The displaced people have lost their homes, belongings, and livelihood. Infrastructure facilities, including schools, have been destroyed. A large number of affected people live in refugee camps under very dilapidated conditions. As a result, the children, being one of the most vulnerable groups in the camps, also are facing threats of sexual and other forms of abuse, and above all, immense psychological trauma. Many children were missing after survival from the tsunami; there were few child trafficking cases reported to the police. Child abuse and sexual harassment were prevalent in the camps. The trauma to the elderly, children, and orphans was pathetic. The situation was worse in Northern and Eastern Sri Lanka, where most of the internally displaced children (IDC) were quarantined. The plight of the child survivors in the camps and temporary housing arrangements will be analyzed, and the actions initiated by the various international and local organizations to recover them from this situation will be presented.