Irish Military Forces in Bam Earthquake
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The earthquake in Bam, Iraq was one of the most catastrophic natural disasters in recent years. Considering the presence of military forces in search and rescue missions, this article discusses the medical and assistance activities done by Iranian military forces in this event in light of the importance of military forces’ special characteristics.

Some of the most significant aspects of Iranian military forces activities in this event include: (1) reporting the first alarming reports about the event from the zone (2) starting search and rescue missions in the first hour after the disaster by the first brigade of Bam as the first assisting forces; (3) setting up two field hospitals as the first Iranian field hospitals in the disaster area; (4) transporting 937 assistance, medical, and healthcare personnel to the disaster area in the first day; (5) setting up 23 field emergency and 13 field assistance centers in the area; (6) running eight post-hospital care centers throughout the country; and (7) playing a significant role in airlifting more than 12,000 casualties to different hospitals around the country.

Based upon recent experience, the exclusive abilities of military forces discussed in the article, and particularly the lack of well-developed relief organizations with sufficient facilities in developing countries, a special and exactly defined role for military forces should be considered in developing a natural disaster response plan.

Keywords: Iran; civilian; earthquake; Iran; military; natural disaster; response

Military-Civilian Collaboration for Teaching of Disaster Medicine
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Introduction: During an exercise in emergency and disaster medicine for nurses, an ambulance service of the Belgian army was used to provide simulation for a realistic situation.

Method: After theoretical teaching of emergency and disaster medicine, a day of simulations was conducted. Five rooms were equipped for practical situations (electrocution, infarct, multiple injuries), and had authorized nurses to implement techniques on simulated patients. A disaster simulation also was conducted. Last year, a blast injury was simulated with 25 patients burned or blasted, using smoke and an explosion to make the situation more realistic. For the drill, 10 military ambulances, 20 military emergency medical technicians, a civilian chemical team from the fire department, 15 firemen, four doctors (2 civil and 2 military), and a military helicopter to evacuate burned victim were incorporated. Three hours of simulation permitted the 18 nurses to practice triage, evaluation, treatment, and evacuation of the 25 victims.

Conclusion: The civilian-military collaboration allowed the conduct of a realistic simulation for nurses in safety conditions for learning emergencies and disasters.

Keywords: Belgium, civilian-military collaboration; exercise; nurses; simulation; training

Military–Civilian Cooperation in Disaster Relief
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The consistent shrinking of budgets as well as the pressure from governments to utilize military capabilities optimally as a collateral utility necessitates planning for civil-military cooperation in disaster relief.

The decision by the South African Government to send a disaster relief team to assist Algeria during the earthquake in May 2003 posed unique challenges for civil-military cooperation at extremely short notice. The unique capabilities required were not available in the military health service. Thus, a team was compiled of civilian and military experts to respond.

Joint command and control by military commanders over civilians and civilian team leaders leading military teams posed theoretical challenges that were overcome easily through cooperation and mutual respect. The end result was a relief team of 96 members deployed with a 12-hour notice to the opposite side of Africa with healthy interaction between military and civilian members.

Sending a team with only rescue capabilities more than 48 hours after a major earthquake would be an ineffective activity. Within the time frames, traveling distances, and logistical costs, a team that was able to assist primarily in rescue actions and then move to primary health care and post-disaster relief activities was established to provide the optimum use of resources. In this role, the military health service is uniquely positioned to assist in providing a multi-disciplinary team, with civilian counterparts providing high-specialty skills.

Basic lessons learned for compiling a comprehensive disaster relief team of civilian and military healthcare professionals to address the needs in a disaster will be discussed based on the South African experience in national, as well as international, disaster relief.

Keywords: civilian; cooperation; disaster; military; relief, South Africa

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Introduction: This study aims to describe and evaluate a unique civilian–military collaboration between a developed country in Europe and a developing country in Asia, leading to the establishment of the National Disaster Preparedness Course for Hospitals (NDPCH) in India. It also suggests a model to evolve a structured training pro-