

acute post-traumatic stress disorder (PTSD) in children and adults exposed to natural disasters. The PTSD is known to appear after the occurrence of natural disasters. Usually, social, medical, and disaster workers provide external security for victims. But, a stressful event is fixed pervertedly into the memory, and creates prolongation of a traumatic situation. A stressful event more often is kept and remembered in the visual and audio systems, so elimination of these images promotes conditions for recovering internal security by victims.

Methods: 200 children and 100 adults were involved in the trial. First, hypnosis was used, and then, different non-verbal image techniques, eye movement desensitization, and reprocessing. Also, six continuous verbal-scale tests were invented for use in evaluation of the effectiveness of PTSD treatment.

Results: This programme for the psychological correction and psychotherapy of PTSD has been shown to be highly effective. The scales used before and after psychotherapy allow discovery of the progress in the psychological state of 80% children and adults.

Conclusion: This program for treatment of PTSD is universal, and can be used widely not only for natural disasters victims, but for victims of war, conflicts, or terrorism even in outpatient department.

Keywords: disaster, effectiveness; hypnosis; psychotherapy; PTSD; terrorism; war conflicts

Prehosp Disast Med 2002;17:s32.

Psychiatric Assistance to the Population of the Chechen Republic during Anti-Terror Operations

Victor Nicholaevich Preobrajensky; Valery Petrovich Kohanov
All-Russian Centre for Disaster Medicine "Zaschita",
Moscow, Russia

Objective: To assess the psychiatric assistance given to the people of the Chechen Republic during anti-terror operations. The displaced location of the camps, which held more than 40,000 people, and the absence of specialized medical institutions both contributed to problems with obtaining psychiatric assistance.

Methods: The main tasks of the relief teams were to render specialized psychiatric assistance to temporarily displaced people of the Chechen Republic, and to organize the evacuation of psychiatric patients.

Results: There were more than 4,500 people of the Chechen Republic, including 480 children that were examined. In 11.3% of cases, some psychiatric diseases were revealed among the adult population: maniac-depressive syndrome, schizophrenia, epilepsy, and psycho-organic syndrome. In 81.5% of cases, non-psychiatric disorders were diagnosed, which were demonstrated by neurotic character and behavior disorders. Patients with psychiatric diseases were sent for treatment into specialized medical institutions in the cities of the Russian Federation (Krasnodar, Rostov, Vladicavkaz, etc.).

Conclusion: The efforts to render psychiatric assistance to the Chechen Republic population were very effective, since it helped to identify patients with psychiatric disorders in

the early stages. Special treatment programs aided in the treatment in 87% of the cases. This system is proposed for use in other countries during local conflicts and disasters.

Keywords: accommodation, destroyed settlements; population; psychiatric diseases; specialized medical institutions

Prehosp Disast Med 2002;17:s32.

Gendered Battlefields in Mindanao: Health Social Science and Disaster Medicine

Reynaldo Hapan Imperial, Laufred Ilagan Hernandez
University of the Philippines Manila, Manila, The Philippines

Objectives: To review documents regarding the health of displaced and refugee women in Mindanao who had been displaced as a result of terrorism promulgated by Muslim separatist and the Abu Sayaff terrorist groups using the concepts of Disaster Medicine and health social science.

Methods: Using the paradigm of Gender and Development of the ICPD and gender analysis, wellness and trauma were analyzed from their socio-cultural and economic ramifications. Also, the analysis examined how the current rehabilitation programs were conducted in the area by the DOH and how various NGOs have provided relief and rehabilitation to the victims of this disaster.

Results: While men and women are affected by war conditions differently, women are more vulnerable to sexual and economic exploitation. The treatment of injuries by the DOH often are waylaid for the more immediate need to counsel direct and indirect combatants, mostly women to empowered them in the face of the adversities that confront them.

Conclusion: As the situation is expected to worsen with the adoption by the government of an all out war policy, there is a need to put a mechanism in place by which those who are affected and inflicted can be assisted to reduce their rancor and bitterness. It is important that the theories and concepts of disaster medicine be part of the interventions.

Keywords: disaster medicine; counsel; empowerment; gender; health social science; Mindanao; vulnerability; women

Prehosp Disast Med 2002;17:s32.

Organizations

The World Association for Disaster and Emergency Medicine (WADEM): From Mainz to Melbourne

Frank Archer
Centre for Ambulance and Paramedic Studies, Monash University, Melbourne, Australia

Objective: The World Association for Disaster and Emergency Medicine (WADEM), which began as the "Club of Mainz" in 1976, holds its 13th World Congress in Melbourne, Australia, in May 2003. This paper traces the history, objectives, membership, mission, achievements, and current activities of WADEM.

Method: A review was undertaken of the literature and WADEM documents. Information was gained from past and current WADEM officials.

Results: The original objective of WADEM was to improve the worldwide delivery of pre-hospital and emergency care during everyday and mass disaster emergencies. Whilst the Association has grown over the years, the founding objective has remained the same, "to work actively to solve technical, scientific, and political problems surrounding the management of emergency incidents".

The membership of WADEM is multi-disciplinary, international, collaborative, and diverse welcoming practitioners, researchers, educators, and administrators in this global healthcare endeavour.

Individual members are active in field operations, however, the organisation remains non-operational, fulfilling its mission through research, data collection, developing evidence-based standards, education, its international network, biennial World Congresses, peer-reviewed journal, committees, and task forces.

Conclusion: In collaboration with other international organisations, WADEM makes an important contribution to "Global Solutions for Global Crises".

Keywords: committees; congresses; disaster; education; emergency; humanitarian; global; networks; prehospital; research; standards; task forces; WADEM

Prehosp Disast Med 2002;17:s32-33.

Problems of International Cooperation at the Interaction Level in the Network of WHO Collaborating Centres

Gennady Victorovich Kipor; Sergey Fedorovich Goncharov
All-Russian Centre for Disaster Medicine "Zaschita",
Moscow, Russia

Objective: To characterize the actual situation in the priority activities of WHO/EHA's 14 Collaborating Centres, and to propose for discussion, the mechanisms for increasing their cooperation.

Methods: The programs and activities of the Collaborating Centres using the base of the logical Framework Approach were monitored and recorded. Global trends of the Centres Activity were analyzed.

Results: The joint activities of the Centres are coordinated in major part, only during the meetings convened once every three years. Each Centre is specialized in a definite area related to the regional peculiarity of emergencies, their geographical position, and periodicity (of natural calamities), as well as considering national peculiarities of their Disaster Medicine services.

For 2002–2003, the six most relevant topical fields for development of a coordination process in the network of Collaboration Centres were defined: 1) Public health policy in emergency and juridical support of humanitarian operations at the international level activities under the motto, "Health is a focal point for all humanitarian operations"; 2) Management and informational exchange in the sphere of humanitarian interaction in Disaster Medicine as a basis for WHO management functions; 3) Political and technical aspects of WHO humanitarian operations at the territorial and local or tactical and operation levels (according to WHO classification); 4) International partnership and

resources, mobilized to solve priority public health humanitarian operations; 5) Strengthening of the WHO's role through development of the system of personnel management; and 6) Preparation of more perfect program, field practice and expertise.

Conclusion: The main first priority fields of Collaborating Centres activities have to comprise the Info-Supply Management systems and experience changing in the branches of investigation and field practice supported by national institutions and led by a Standing Committee containing the representatives of Collaborating Centres.

Keywords: Disaster Medicine; management; priorities; WHO Collaborating Centres

Prehosp Disast Med 2002;17:s33.

"Action Plans"—Declaration of the 5th APCDM (30 September 2000)

Wayne Greene, PhD,¹ Diana Ericson,²

Kendall Ho, MD FRCPC³

1. Director, Disaster Preparedness Resource Centre, University of British Columbia
2. Manager, Disaster Preparedness Resource Centre, University of British Columbia
3. Associate Dean and Director, Division of Continuing Medical Education, Faculty of Medicine, University of British Columbia

The 5th APCDM was held in Vancouver, British Columbia, Canada, 27–30 September 2000. It brought together more than 300 delegates from 35 countries. The goal of the 5th APCDM was to provide a forum within which the international community, health professional and disaster experts, as well as government and non-government agencies, could explore disaster management techniques and discuss emergency medical methods, models and technologies. Eight themes were developed emphasizing the interdisciplinary roles played by the delegates. Two Co-chairs, who had broad experience and expertise, oversaw each theme and lead the discussions in addition to collecting and summarizing the ideas presented. The eight themes were:

1. Disaster Coordination and Management

Disaster is a collective responsibility, requiring a coordinated response from all parts of society, bring together diverse groups of specialists and volunteers and requires extraordinary coordination and management of people, resources, facilities and approaches.

2. Telehealth and Communication Technologies in Health

Rapid innovations and improvements in communication technologies have opened many new channels for health education and delivery, as well as disaster management. Theme 2 examined the role and applicability of these technologies to disaster medicine and management and the various issues involved in their use.

3. Sharing Pacific Rim Experiences in Disasters

Theme 3 provided an opportunity to address any unique hazards facing the Pacific Rim.

4. Effective Models for Medical and Health Response Coordination