majority are left to manage for themselves troubled, stressed, imprisoned in their own emotions, and unwilling to seek help due to the cultural taboos. Consequently, even the most well-meaning husbands and fathers find themselves irritable and explosive; hence there has been reported, a sharp increase in family violence.

To holistically address the needs of the Palestinian people in the context of the strong patriarchal culture, we must to address the needs of the men.

Keywords: conditions; culture; frustration; men; mental health; Palestinians; violence, domestic

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The Forgotten Disaster — Dadaab Somali Refugee Camp

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Background: Since 1992, Medecins sans Frontiéres - Belgium (MSF-B) has provided healthcare to the Somali refugees of Dadaab, North-Eastern Kenya. With more than 130,000 refugees from the ongoing civil wars in Somalia and Sudan, Dadaab is one of the largest and longest running refugee camps in the world. Hagadera is the largest of the three camps in Dadaab, with a population of greater than 50,000. This presentation gives a brief insight into the epidemiology and challenges of this chronic disaster setting.

Methods: This is a prospective observational study of the epidemiology in Hagadera Camp, Dadaab, Kenya for the month of August, 2002. As Camp Medical Coordinator, I was the sole doctor responsible for the health of the 50,000 refugees. With the assistance of the Hagadera Camp staff, I supervised and collated the monthly reports on mortality and morbidity. In addition, I was able to document a series of clinical presentations as they arose.

Results: The Crude Mortality Rate was 0.08/10,000/Day, and for children less than 5 years of age, it was 0.13/10,000/Day. The most common specific diagnosis presenting for treatment was malaria, followed by respiratory tract infections. There were 11 new cases of tuberculosis and two cases of measles. Three emergency Caesarean sections were performed; there were seven cases of pre-eclamptic toxaemia.

Conclusion: MSF has long been the sole provider of healthcare for 130,000 refugees in Dadaab, Kenya. The incidence of malaria and respiratory tract infection are significant with malaria being the major cause of mortality. The crude mortality rate is <1 in 10,000 per day.

Keywords: camp; crude mortality rate (CMR); epidemiology; malaria; Medicins sans Frontiéres; mortality; refugees; resiratory infections; tuberculosis

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Monitoring Access to Emergency Care in the West Bank and Gaza Strip Using Household Surveillance

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Introduction: Epidemiological surveillance techniques could assess access to emergency care and identify the causes for the inability to access emergency care during the current intifada in all districts of the West Bank and Gaza Strip.

Methods: Twenty households in each of 16 districts in the West Bank and Gaza Strip were sampled every two weeks. Households were asked if any of their members required emergency care in the previous two weeks, and whether they could access it, if necessary. If household members were unable to access emergency care, they were asked to identify the causes. Trends were followed in each district during the period from 31 May until December 2002.

Results: A total of 4,480 households were sampled.. Of the 1,555 households whose members needed emergency care, 447 (28.7%) were unable to access such care. Reasons cited included: (1) Imposed 24-hour curfews and/or checkpoint denials, 79.8%; (2) Inability to pay, 10.0%; (3) Lack of transportation, 5.4%; (4) Emergency room not operational, 2.7%; and (5) Great distances, 2.2%. Inability to access emergency care was significantly higher in the West Bank (28.2%) compared to the Gaza Strip (18.0%) due to greater restricted movement in the former. Trends showed that the ratio of households unable to access emergency care to those who required care was higher during the summer months of 2002 when strict curfews were enforced in the West Bank. This trend showed distinct improvement from October onward.

Conclusion: Surveillance can be used in complex human emergencies to monitor essential access to emergency care, a human right enshrined in the Fourth Geneva Convention.

Keywords: access; curfews; emergency care; Gaza Strip; Geneva Convention; households; surveillance; West Bank

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Rendering Medical Assistance in Refugee Settlements of the Chechen Republic during Anti-Terror Operation

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The All-Russian Service for Disaster Medicine (ARCDM) has rendered medical assistance in the territory of the Ingushetia and Chechen Republics (Northern Caucasus), where more than 60,000 people live in refugee settlements. This medical assistance included early detection of infectious and somatic patients; identifying sick and injured persons who needed specialized care and hospital treatment; pediatric care; vaccination and preventative measures against outbreaks of infectious diseases, including sanitary and hygienic measures; and delivering medical supplies.

Specialized medical teams performed medical examinations in the refugee settlements, while the field, multi-purpose hospital rendered all kinds of qualified and specialized medical assistance 24 hours per day. Medical assistance was provided to more than 40,000 patients, including 8,000 children. There were more than 700 surgeries, and more than 1,500 patients were hospitalized.

The system of rendering medical assistance to the tem-

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porarily displaced from the Chechen Republic was highly efficient and may be recommended for humanitarian operations in disasters in other countries.

Keywords: Caucasus; Chechen Republic; All-Russian Centre for Disaster Medicine; ARCDM; refugee settlements
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Training for Work in Emergency Settings

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Large-scale movements of refugees and other forced migrants have become a defining characteristic of the contemporary world confronting us with a range of practical and ethical dilemmas. The provision of basic health care requires innovative approaches to the implementation of accurate public-health interventions.

Until the early 1980s, there were no models for response, and agencies responded with their own staff, supplies, egos, and philosophies. From the early 1980s, an analysis of the response to the health needs of large, displaced populations was undertaken. A general framework for the implementation of priority health interventions was developed, and there were attempts to raise awareness and shared understanding for a common approach.

The need for training of personnel was articulated. Increasingly, emergency aid agencies insist that their staff attend training for optimal responses in the field. The first available course was the Health Emergencies and Large Populations (HELP) course conducted by a consortium of international organizations in Geneva and other settings. The first Emergency Health Course in Australia was introduced in 1998, and includes:

1. Analysis of the context of complex human emergencies, including refugee crises;
2. Identification and management of the major public health and nutritional consequences of emergencies;
3. Development of relevant public health assessment and response skills; and
4. Recognition of the need for a multi-sectoral approach to reducing the health impact of emergencies.

The presentation will describe the framework for priority health interventions in emergency settings and the scope of training needed to enhance the response of emergency health personnel.

Keywords: assessment; complex human emergencies; courses; emergency health; interventions; management; models; non-governmental organizations (NGOs); nutrition; public health; response
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Forum: International Prehospital Research

Rallye Rejviz—An EMS Quality Improvement Tool

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The Rallye Rejviz (RR) is an international professional exercise and competition for emergency medical services (EMS) teams that began in 1997. It brings international emergency teams together in the Jeseniky Mountains of the Czech Republic, to compare performance and to exchange information about techniques and approaches, while building friendships and opportunities for cross-border cooperation.

Experts from more than 10 countries prepared the program for Rallye Rejviz 2003. It will serve not only as a competition, but also as a workshop and conference. Participants will include the "working class" of EMS—people who would not ordinarily get to meet each other. Data gained in RR will serve as a foundation for further research in emergency medicine, for companies designing ambulances and medical technology, and also for those who prepare standards and algorithms for EM. This information then, can be used for developing or improving standards for organization, equipment, training, and interventions in EMS.

The RR Project could develop into a joint exercise among teams from different countries. They could test equipment and communications compatibility as well as their ability to work together. Every RR includes a disaster scenario, which easily could be modified so that teams from different countries would have to work together. Information from this exercise would be invaluable to the planning of international disaster responses.

Keywords: competition; Czech Republic; disaster; EMS; international; Rally Rejviz
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Ambulance and Anthrax — The Challenge of Infection Control and Infectious Disease in Paramedic Emergency Care

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Background/Purpose: The threat of bioterrorism dominates much the work of emergency services personnel globally. Infection control in the emergency care setting that relates specifically to paramedics, remains largely unexamined. Paramedic care must include sound infection control practices to achieve broad clinical care outcomes, while complying with public health legislation. Rigorous infection control practice is critical to the health and safety of

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