plans, mobilization systems, staffs organization, area management, casualty volume management, and training/exercise plans were examined.

**Results:** Responses were received from 146 hospitals (68.5%). Most of respondent hospitals (80%) had plans for mass casualty incidents, and <10% had plans for specific events, e.g., chemical or biological weapon incidents. About 70% had a personnel response for public relationship and media, site security control, and medical inventories and supplies, but only 25% had considered cost-accounting, communication systems, a model for patient referrals, and food and water supplies during disasters. Of the hospitals providing a disaster management plan for mobilization, only 44% described when, who, and how to activate the plan, 36% had the plan for team organization, and about 50% had area management according to triage of patients, casualty volume, disaster severity, etc. Of the hospitals in this study, 70% provided education for their staffs about incidents response, but only 40% had exercises or drills yearly.

**Conclusion:** Hospitals generally are not well prepared in an organized fashion to treat victims of disaster in Taiwan, particularly for chemical or biological terrorism. The efforts to improve correspondence with international standards for disaster management will be required from local level to central government.

**Keywords:** disaster management; hospital disaster plan; mass casualty incident


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**Preparedness for Mass Gatherings in the XVIII Winter Olympic Games in Nagano**

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**Objective:** The focus of this paper was medical preparedness and its results during the XVIII Winter Olympic Games in Nagano.

**Methods:** Medical care at the Nagano Games was designed with special reference to the concept of mass gathering medicine. Medical clinics and First-Aid Stations were set up at a total of 37 locations. The Polyclinic was set up at the Olympic Village. First response teams were introduced at all venues. Ambulances and rescue teams were on stand-by at the Olympic Village, and all of the competition and non-competition venues. Two helicopters were available at the alpine skiing venues. Ten local hospitals were included in the Nagano Olympic Designated Hospital System. The NAOC established the Medical Command Center (MCC) for the purpose of supervising and directing medical care activities at all the venues.

**Results:** Among the 1,275,529 participants, there were 5,968 records of patient visits at the medical facilities provided by NAOC Medical Services (0.5%). Ambulances were dispatched 63 times and helicopters five times for emergency transportation. The command system by MCC was effective in coordinating emergency transportation by ambulance and helicopter for the hospitalization of seriously injured/ill patients.

**Conclusion:** In management of large scale events, mass gathering medicine should be an important key concept.

**Keywords:** clinics; coordination and control; first-aid stations; management; mass gathering; XVIII Winter Olympics


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**Usage Review of Global Maritime Distress and Safety System**

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**Objectives:** To clarify problems with the Emergence Position Indicating Radio Beacon (EPIRB), the ground terminal of the IMOs GMDSS (Global Maritime Distress and Safety System; COSPAS-SARSAT International Satellite System for Search and Rescue).

**Investigations:** Problems with EPIRBs have been known since 1986. The frequency of use of the EPIRBs has been very low, even since 1997 when the EPIRB became used by ocean racing yachts. An analysis of rescue records for ships requesting rescue in waters near Japan indicates that out of 7,771 people in distress, 1,450 were rescued by the Maritime Safety Agency, 4,062 were retrieved by other organizations, 2,089 helped themselves, and 170 were confirmed dead or missing. Only 119 people (14 cases) were saved using the COSPAS-SARSAT. Japan introduced COSPAS-SARSAT following suggestions made by IMO and deployed Local User Terminals (LUTs) to receive rescue signals on a 24-hour basis. However, this system has yet to prove its effectiveness in saving human lives.

**Proposed New System:** A victim-based, new, search and rescue system was proposed that includes use of the Geostationary Orbit Satellite (GEO) and a Global Positioning System (GPS). It will be tested in field experiments with NASA’s next generation mobile communications satellite (ETS-VIII) in 2003. This new system was described and its merits were discussed from the point of view of saving human lives.

**Conclusion:** The new search and rescue system discussed in the paper overcomes the limitation of EPIRBs, and has the potential to save more human lives.

**Keywords:** disaster medicine, maritime medicine, radio communication, satellite communication


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**Damage**

**Terrorist Bombing Disasters: Implications for Emergency Department Response**

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Although it is prudent to "expect the unexpected", a ratio-
whelming local prehospital and emergency department
response. 2

2. National University of Malaysia

World Trade Center Tragedy; An Economic Analysis
Using YPLL (Years of Potential Life Lost)
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2. National University of Malaysia

Objective: To analyze the economic loss because of life lost
as a result of attack at World Trades Center (WTC)
because of terrorist attack on September 11 2001.

Methodology: The list of people who lost their life as a
result of attack on the WTC on 11 September 2001 was
analyzed. From this list, the number of the productive life
years these victims have lost will be deduced using the age
at the time of death from the average age in USA. This
number of years lost will put into the YPLL equation to
find the total economic loss incurred on the US economy as a result of the attack
on the WTC.

Result: The economic impact as a result of life lost on the
overall US economy because of that attack on the WTC on
September 2001 will be analyzed.

Keywords: economic analysis; terrorism, World Trade Center, Years-
of-Potential-Life-Lost

Forced Displacement: A Disaster in Colombia—The
Case of Antioquia!
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Introduction: Forced displacement is the most important
disaster in Colombia. The Non-Governmental
Organisation, Counsellor for the Human Rights and the
Forced Displacement (CODHES) registered 91,166 per-
sions displaced during the first trimester of the year 2001.
This is 34,210 more persons than during the previous year.

Objective: To approach the problem of forced displacement
in Antioquia.

Method: The Committee for the Integral Attention of
Forced Displacement was established to address issues
regarding the cause-effect pattern of the displacement rela-
tionships and the mechanisms designed to confront the
problem, the structure and dynamics of the departmental
and local committees, the system of information, training
strategies, sensitization, and management.

Results: The process that was generated from the assess-
ment of this disaster has generated a plan for mobilization
of great magnitude that has been able to utilize important
institutional and social resources to approach the phenom-
enon. As a result, we have assumed a no-violence attitude
towards life.

Conclusion: Attention to the forced displacement in
Antioquia has resulted in a non-violent approach that has
positive effects.

Keywords: attitude; Columbia; forced displacement; management;
non-violence; sensitization; strategies

Survey and Cost-Analysis of Injuries in the Ji Ji
Earthquake in Taiwan
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Objectives: On 21 September, 1999 at 01:47 hours, the Ji
Ji Earthquake (Richter Scale of 7.3) struck Central Taiwan
near the Nantou area, and caused great loss of life and
economy. This paper focuses on the epidemiological survey
of the Ji Ji Earthquake to provide data for future epidemi-
ological studies with the goal of preventing disasters glob-
ally.

Methods: Information about the Ji Ji Earthquake was
obtained from the courses provided by the government and
from the Internet. Data of the deaths, injuries, and causes
of death were supplied by Department of Health. The

Prehospital and Disaster Medicine

http://pdm.medicine.wisc.edu

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