121. Medical Tasks, Planning and Logistics of United Nation’s Protection Forces (UNPROFOR) in the Former Yugoslavia
Knut Ole Sundnes, MD, Lt. Colonel
UNPROFOR Headquarters, Zagreb, Croatia

UNPROFOR, as of 30 January 1995, so far is the United Nation’s (UN) largest and most complex peace-keeping operation. It is comprised of 44,246 persons in three commands: Croatia, Bosnia and Herzegovina, and the former Yugoslavian Republic of Macedonia. The UN peacekeepers face problems different from other humanitarian relief organizations, trying both to monitor and control the conflict. UNPROFOR assists in the distribution of medical supplies, treatment of locals, displaced persons, and refugees, and with the medical evacuation of civilians in coordination with UNHCR, IOM and ICRC. It improves public health by providing engineering support to refugee camps and communities. Medical treatment is provided where the health infrastructure is insufficient. The total number of civilians treated is very high. The provision of medical supplies earmarked for civilians is tasked to UNHCR, WHO, ICRC, and other organizations. The medical system in UNPROFOR is designed to support all UN troops and has a considerable capacity. Two 60-bed hospitals, 29 field surgical teams, and 31 battalion aid stations comprising 1,277 medical personnel (206 MDs) cover most of the medical needs. Of the 3,372 UN casualties sustained so far in the former Yugoslavia, 41% were war-related (30% from mines, 35% from shelling, and 31.5% related to direct firing); 30% were related to traffic accidents.

So far, UNPROFOR has suffered 137 deaths. Multi-casualty incidents are uncommon. In special situations, civilian hospitals support UNPROFOR. Lack of respect for the Geneva Conventions often has hindered the provision of adequate medical supplies and the medical evacuation of UN troops and civilians. Logistical and operational planning covers all contingencies from total withdrawal to enhancement of efforts.

111. Terrorist Attack to the AMIA (Jewish Mutual Society of Argentina) Headquarters Building
Dr. Alberto Crescenti, Dr. Jose G. Filet Cervino, Dr. Omar Isse,
Dr. Vicente Carluccio, Dr. Humberto Sanguinetti
Buenos Aires, Argentina

This presentation outlines the response by the Emergency Medical Response System of the Municipality of Buenos Aires to a terrorist attack to the AMIA Headquarters that resulted in 100 people dead and 206 people injured. The city of Buenos Aires, capital of Argentine Republic, in South America, has a stable population of 3 million inhabitants and 4 million transient people during working days. On 18 July 1994, at 09:53 hours, a bomb exploded in the AMIA building, located in a commercial zone that is thickly populated. This resulted in mass casualties and material destruction.

Response: Activation of the Medical Disaster and Catastrophe Plan for the City of Buenos Aires.
Description: Command post, noria, casualties evacuation, assistance to trapped victims.

050. Victims of the Palestinian Uprising (Intifada): A Retrospective Review of 220 Cases
Hashmonai Derazon, MD, Emile Hay, MD
Barzilai Medical Center, Ashkelon, Israel

The Barzilai Medical Center is located 20 km from Gaza. It is a level-II trauma center and is the nearest Israeli referral receiving medical center for injured civilians and soldiers from the Gaza area. During the period of April 1993 to April 1994, 220 victims of the Palestinian Uprising (Intifada) were referred to this medical center. Of these, 41 of the patients (18.6%) were citizens of the Gaza area; 26 (11.8%) were Israeli citizens; and 153 (69.6%) were Israeli soldiers. Five patients were under the age of 17 years; two were women; and the rest were men. Two Israeli citizens died at the scene, and two Gaza citizens died in the emergency department. Fifty-five patients (25.%) were injured by firearms; 10 patients (4.5%) by explosives; 120 (54.5%) by striking stones and other objects; 14 (6.4%) by knives and sharp objects; four (1.8%) by shrapnel; and 17 (7.8%) by other means. Seventy-three of the victims (33.2%) were hospitalized; 22 patients (10%) needed surgery. Four patients (1.8%) were transferred to a level-I trauma center. Emergency thoracotomy was performed on one patient for a stab-wound injury to the heart. The body parts injured in declining incidence were: extremities (41.4%), head and neck (38.6%), chest (6.4%), and abdomen (1.4%). Twenty-seven patients (12.2%) had multiple sites of injuries. The total expenses for patients treated in the emergency department were 25,343 NIS. A total of 345 hospitalization days was recorded with total expenses amounting to 320,000 NIS. The Palestinian Uprising resulted in a high cost in terms of lives lost and actual expenses to both nations.

082. Mass Casualty Incidents In Israel: 21 Incidents Treated by Magen David Adom in 1993–1994
Z. Feigenberg, MD
Medical Director, Magen David Adom in Israel, Tel Aviv, Israel

Twenty-one multi-casualty events averaging 35 casualties per event were treated by Magen David Adom (MDA) teams in 1993–1994. Twelve of these events were serious road accidents, five fires, three bombings (Afula, Hadera, Tel Aviv), and one was caused by dangerous materials. Compilation and analysis of statistics on the scope of events and activity of MDA teams involved, enabled MDA to construct a model of its response ability, determine whether its treatment principles withstood...