

Orthopaedic and Plastic Reconstructive Surgery for War Victims: The Italian Co-Operation Experience in the Ethiopian-Eritrean Conflict

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Orthopaedic and reconstructive surgery for war wounds is different from the type of surgery performed for civilian injuries. Furthermore, in developing countries, additional problems often arise from the lack of an integrated approach (which includes pre- and post-operative treatment and pre- and post-operative rehabilitation) to the war wounds and related complications.

From the outbreak of the Ethiopian-Eritrean conflict, the Italian Co-operation supported this complex emergency situation by sending to the site, a surgical team consisting of an orthopaedic surgeon, a maxillo-facial and plastic surgeon, an anaesthetist specialist, a ward nurse, a scrub nurse, and a physiotherapist. The emergency surgical team, in collaboration with the local Eritrean staff, was based at the Asmara Halibet Hospital (Eritrea) from April to December 1999.

The presentation reports the results obtained during this period, and focuses on the methodological approach selected to improve the quality of the treatment of patients, and to best manage the situation in an emergency setting. 650 patients were treated according to the ICRC guidelines. The safest and cheapest peripheral anaesthesia procedures were performed in 60% of cases. On-the-job training on the integrated treatment of persons with war injuries with the resident staff was carried out daily. The integrated approach towards war wounds and the prevention of complications using the existing resources were the main objectives of the rapid response, and confirmed the efficacy of the intervention.

Keywords: Eritrean; Ethiopia; Italian Co-operation; orthopaedic; plastic; reconstruction; surgery; war; wounds

Essential Factors in Rapid Reaction Capability of Disaster Medicine Relief Force and Practical Measures

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Rapid Reaction Capability (RAC) is the response ability to cope with emergencies, wars, or disasters promptly, flexibly, and efficiently. It is one of the most important capabilities of Disaster Medicine Relief Force (DMRF).

First, in this paper, the necessity that the DMRF possesses RAC is discussed. This is because a disaster happens abruptly, and that Disaster Medicine relief differs from other tasks (e.g., it is practiced prior to others). Thus, the DMRF must possess the capabilities and emergency measures that are of great significance for lowering the incidence of disability and mortality of the injured.

Second, according to the analysis of Disaster Medicine relief procedures, the authors suggest several essential factors related to the RAC of the DMRF, such as the system of organization of Disaster Medicine relief, counter-plans, conduct, vehicles, personal mental health, material and medical makings of a DMRF member, and so on.

Lastly, practical methods to enhance the RAC of the DMRF are proposed: 1) Establish perfect organizations that are suited to work in domestic conditions; 2) Set up an automatic disaster relief system of conduct; 3) Be ready to provide Disaster Medicine relief no matter whether during peacetime or wartime; and 4) Because of suddenness and destructiveness of Disasters (wars), joint army-civilian Disaster Medicine relief must be practised. The statistics of DMRF following the Tangshang Earthquake of 1976 are presented to illustrate the viewpoints of authors.

Keywords: army; civilian; earthquake; Disaster Medicine; Disaster Medicine Relief Force (DMRF); organization; relief; response