

mobilization and a variety of professional techniques, the military sectors made the main contributions to the affected areas at the primary stage. These contributions were in the areas of: (1) search-and-rescue; (2) medical treatment; (3) emergency sheltering; (4) emergency relief; (5) an information reporting system; and (6) basic restoration. The collaboration and cooperation with civil sectors like non-governmental organizations and non-profit organizations also sped up the procedure of recovery. This paper describes the process, plan, and deployment of military sectors in order to discuss the observations from the Chi-Chi Earthquake. The existing policy and plan of the Ministry of Defense for the emergency response to disasters also will be presented in order to depict the proactive participation in the preparedness for the next disaster.

Keywords: Chi-Chi Earthquake; emergency relief; military response; recovery effort; Taiwan

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Civilian/Military Joint Cooperation in Humanitarian Assistance and Disaster Relief: The Experience of the Czech Republic

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Since the end of the Cold War, military intervention for the purposes of humanitarian assistance and disaster-relief often have been requested by political authorities. From the late 1990s, the Czech Military Medical Service has been involved in providing humanitarian assistance to developing countries. Due to excellent cooperation between the Home Office, the Ministries of Defence, Foreign Affairs, and Health, a complex project known as MEDEVAC was developed. This project was designed primarily for pediatric patients who have little possibility of receiving treatment from local medical facilities. A total of 97 patients have received comprehensive treatment (mostly surgical) in Prague Hospitals. These include 38 children from Iraq, predominantly with congenital heart diseases, and 10 from Pakistan, following the earthquake of December 2005. The Czech government established a special budget for this project. Military medical personnel performed selection and diagnostic procedures according to their field hospital capabilities. In addition, transportation was organized by the military. While the Ministry of Health guaranteed the provision of highly specialized health care providers, the Home Office solved the most complicated problem of identifying the immigration status for the children and their accompanying adults by granting them temporary asylum-seeker status. This presentation provides a detailed description of the point handling sequence and the coordination procedures.

Keywords: children; civilian/military; coordination; humanitarian; Prague; relief

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Poster Presentations—Topic 1: Civilian-Military Collaboration

(1) Civilian-Military Collaboration in Training for Disasters

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Introduction: The Swedish Armed Forces are continuously engaged in various international missions that involve medical personnel that should be properly trained prior to the mission.

In 2006, the National Board of Health and Welfare requested that the Swedish Armed Forces Medical Center create a course that would provide training in medical care for provisional circumstances abroad, including damage control surgery.

Methods: Participants were handpicked from a pool of well-qualified doctors and nurses. Half of the participants were civilians and were selected by the National Board of Health and Welfare; the other half had military affiliations and were selected by the Swedish Armed Forces Medical Center. The course was conducted on a small island off the West Coast of Sweden, which only can be accessed by boat or helicopter.

Results: The limitations resulting from the isolated location and the provisional circumstances soon became obvious. All resources were limited, including water, electricity, drugs, blood products, disposable items, and radiology and laboratory resources. The course emphasized the importance of environmental factors, such as climate and personal safety. Medical evacuation capacity was relied upon.

Conclusions: The need for civilian-military collaboration and a course of this kind became apparent in Sweden after the 2004 Tsunami disaster in Thailand. The participants of the course all were satisfied, and this training concept will be expanded. The goal is to create a pool of well-qualified, highly trained and motivated professionals, who may become extremely valuable in future national or international disasters.

Keywords: civilian; collaboration; military; training; Tsunami

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(2) Use of Medical-Grade, Activated Carbons in Protection of Civil Population against Terrorist Actions

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The long-term use of medical-grade, activated carbons in the treatment of various diseases and conditions will be shared. Activated carbon is a universal antidote; it (1) is non-toxic—neither adsorbed nor metabolized by the body; (2) is the first choice when the nature of poisoning is unknown, as