

(P1-16) Local Health-Related Capacities in the Northern Haiti Post-Earthquake Response

R.A. King,¹ D.S.K. Thomas,² S. Montas,³ P. Minn,⁴
D. Varda,² C. Sasson,² S. Ansari⁵

1. Emergency Medicine, Aurora, United States of America
2. Denver, United States of America
3. Ann Arbor, United States of America
4. Montreal, Canada
5. Chicago, United States of America

Background: The January 2010 earthquake affected many services in Haiti, including health care. After the disaster, top-down response from international sources seemed like the only solution. While the existing health system was fragile, opportunities likely existed for incorporating bottom-up approaches in the capital and other cities, such as Cap Haitien in the North.

Objective: The study aims to: (1) identify available local health-related resources; (2) examine how these were, or were not, utilized in response efforts; and (3) evaluate the level of coordination among health delivery groups, particularly preparedness and recovery.

Methods: This case study included 11 key informant interviews at two hospitals (six at Justinian and five at Milot) and an organizational analysis of cooperation among 16 health-related organizations operating in northern Haiti. Disaster preparedness and recovery data for the health-sector organizations were obtained using a validated survey instrument and the Program to Analyze, Record, and Track Networks to Enhance Relationships (PARTNER) tool that uses the principles of Social Network Analysis (SNA) to elucidate the makeup of collaborative relationships.

Results: During the response phase, command-and-control approaches from international healthcare organizations had a roll given the numbers of people affected and the overwhelmed local response capabilities. Pre-disaster vulnerabilities limited response capacity. Even during response, opportunities existed for integrating established groups. Generally, this was not a model utilized by international organizations, although some examples were present.

Conclusions: The external infusion of money, priorities, and forces potentially may harm the current system, rather than build upon it. International aid provides free health services beyond treatment of earthquake-related injuries, taking the place of some service functions of the Haitian system. Eventually, this could erode aspects of the Haitian health system. Alternative models of aid may better incorporate and integrate existing structures. Disaster planning is linked intrinsically to strengthening the health system as a whole.

Prehosp Disaster Med 2011;26(Suppl. 1):s104
doi:10.1017/S1049023X11003487

(P1-17) Zürich Rescue System for Mass Gatherings: 19 Year Experience with Disaster Risk Reduction, Risk Management, and Rescue Organizations

S. Mariotti

Feuerwehr Und Rettungsdienst, Zürich, Switzerland

Zürich is divided by a river and > 6 km lakeside labyrinth of small streets in the old city. Since 1992, Zürich hosts the street parade, which is the biggest event in Switzerland and one of the biggest in Europe. It is an event of techno parties, and nearly one

million people gather along the lake and the old city. Medical assistance is provided by the emergency system of Zürich in cooperation with the fire department, police department, as well as the emergency systems of the neighborhoods, civil protection, and Volunteers. This mass gathering is unique because almost 16 km² of the city and old city and four of the six bridges that connect the two sides of the city are closed and dedicated to the Streetparade, which complicates rescue operations. Since it is impossible for an ambulance to get to injured persons in the crowd, and very difficult to transfer patients to a hospital, many stationary medical units and two boats are used in the city, each with a combination of emergency doctors, paramedics, firefighters, and volunteers, who also can build mobile units and an advanced medical unit in a shelter that has rooms for 108 patients. Every mobile unit has a GPS system that permits the Operational Headquarters to have an overview. This system has been helpful in this particular event, permitting medical personnel to reach the injured persons in short time and to treat the majority of the patients in situ, minimizing the necessity of transport. In 2010, 680 patients were treated 680, of which, only 42 were transported to a hospital. No deaths due to panic attacks of lack of emergency response have occurred in the past 19 years.

Prehosp Disaster Med 2011;26(Suppl. 1):s104
doi:10.1017/S1049023X11003499

(P1-18) Experience of IMSS Medical Equipment in Rescue Efforts in Haiti

J. LorÍa-castellanos, F. Cruz-vega, E. Gomez-zarate

Direccion De Prestaciones Medicas, Distrito Federal, Mexico

Has been a tradition of the Mexican Social Security Institute (IMSS) have a great spirit of solidarity with any type of disaster. That is why the early hours of the earthquake in Haiti was appointed to a group of specialists trained in emergency care who participated in the first acts of rescue and stabilization of multiple victims. The first group of six specialists arrived Port au Prince on January 15 fieldwork being allocated in coordination with the rest of the Mexican aid mission in the sector 8 of the city, preferably at the University of Saint Gerard. Among the actions taken by this group were:

- Application of 300 doses of immunization.
- Tracking and signaling a radius of 3 km in search of survivors and bodies.
- Working in conjunction with the group of Topos, the Federal Police and the Navy in the initial care, resuscitation and transfer of 9 people rescued from the rubble.
- More than 60 dressings and sutures.
- Monitoring and maintenance of health of mission personnel.

The second group, consisting of specialists in trauma, reconstructive surgery, anesthesiology, surgical and intensive care nurses, was part of a Field Hospital was established in conjunction with the United States at the place called "Killi Point", involving a network trauma care in which our doctors surgically intervened the hospital ship "Comfort". Were to a large number of cases of traumatic amputation, children and adults burned, fractures, crushing limbs and carrying large infections for obvious reasons IMSS staff recognizes the professionalism and capacity of the entire Mexican mission of humanitarian aid to Haiti and the