Methods: The estimation of the economic impact was based on the Economic Commission for Latin America and the Caribbean's methodology on the socioeconomic and environmental impact assessment of disasters. Reports and information about the actions taken by public and non-public health organizations during the response and recovery phases. This information was used to calculate the effect on goods and economic flows in the health sector.
Results: The economic impact of the earthquake reached 139.1 million dollars, of which, 95% was related to damages to healthcare facilities, and 5% was due to losses.
Conclusions: A national safe hospital strategy is needed in order to reduce the monetary investments spent on the recovery of damaged healthcare facilities, as well as to assure that the affected population continues to receive medical attention during the emergency phase.
Keywords: disaster; earthquake; health sector; Peru; socioeconomic impact
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(C29) Aeromedical Evacuation during the Second Israel-Lebanon War: A Descriptive Study

Dagan Schwartz;[1,2,3] Avram Resheff;[1] Alex Geftler;[1] Aviram Weiss;[4] Ophir Lavon;[1,3] Erez Birenbaum[1]
1. Israel Air Force, Israel
2. Ben-Gurion University, Beer Sheva, Israel
3. Rambam Medical Center, Haifa, Israel
4. Israeli Defence Forces Medical Corps, Israel

Introduction: The second Lebanon war broke out on 12 July 2006 and lasted 34 days. Most of the fighting occurred in the mountains of Southern Lebanon, in villages and small towns inhabited by civilians. The Israeli Defense Forces (IDF) Airborne Rescue and Evacuation Unit is in charge of the air evacuation of soldiers and civilians in times of peace, limited conflict, and war. The activities of the unit in this war will be described.
Methods: Data were collected from flight and ground medical reports and debriefings (debriefings of aero-medical team members, usually immediately upon return from mission) as well as hospital records.
Results: A total of 725 IDF soldiers were injured and 117 were killed either in Lebanon or near the Israeli-Lebanese border during the war. Three hundred thirty-eight (46%) were evacuated in 95 airlifts (4.5 evacuees per airlift, on average) from the fighting zones or the border. Most victims were evacuated directly from the battlefield while the fighting was ongoing.
Conclusions: During military operations within civilian-populated areas where ground transport is threatened, air evacuation sometimes can be the only readily available option. During the war, it was used for mildly and severely wounded victims. Providing timely ground medical intensive care capabilities proved difficult in many instances. Thus, for many casualties, the rescue helicopter was the first point-of-access to such care. Aeromedical aircraft and personnel faced threats from gunfire and missiles, causing delays in evacuation and a high average number of evacuees per airlift.
Keywords: aeromedical evacuation; asymmetric war; evacuation; Israel; Israel-Lebanon war; war
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(C30) Bihar Calamity 2008—Impressions of a Non-Governmental Organization

Vivek Chhabra;[1,2,3] Ravikant Singh[4]
1. National Disaster Management Authority, Government of India, New Delhi, India
2. Doctors For You, Mumbai, India
3. emsuniversal.com, Gr Noida, India
4. President, Doctors For You, Mumbai, India

Doctors For You (D4U) is a social organization that aims to provide efficient, effective, and equitable healthcare and education to all. It is comprised of professionals from both medical and non-medical fields. It is conducting a massive flood relief operation of >110 doctors.

Multiple teams of member doctors went into the interiors of Bihar from September 2008 onwards and worked in >400 camps covering six districts. The capacities of medical relief reaching victims in rural and urban areas were realized, be it in the villages, relief camps, primary health centers, or in district hospitals. Deficiencies were infrastructural or caused by poor human empathy of officials in-charge. These were assessed and notified to senior government officials, media, and non-governmental organizations (NGOs) with an aim to improve the situations. An acute shortage of female doctors and impact of this shortage were noted. Doctors For You further liaised with Youth for Equality, Doctors Without Borders, World Health Organization, Mercy Malaysia, various NGOs running relief camps, the Emergency Management Research Institute (EMRI), and volunteers from Tata Institute of Social Sciences to provide trained medical manpower for current relief activity.

To date, 130,000 patients in the flood zone have been seen by members of D4U. Two camps are still running everyday. Three female doctors were recruited to help the female patients. Patients requiring intensive care management were transferred from poorly equipped emergency rooms to cardiac ambulances of the EMRI for medical management, which saved many lives.

Organizations from across the world worked together and shared their platforms. Doctors For You brought different Indian doctors under one platform, and now aims to grow to a level similar to MSF in order to provide skilled manpower for relief operations across the globe.
Keywords: collaboration; disaster; Doctors For You; floods; India; non-governmental organizations
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