

gist. In case of a mass disaster, they meet immediately and organize the DVI work. Often, pathologists and odontologists are sent to assist criminal technicians with the work at the scene.

Logistics is extremely important. Often, freezing carriages are used for transport and storage of the victims. If there are suitable autopsy facilities available, these will be used; otherwise autopsy rooms must be improvised. A center for gathering information about the missing persons, dental journals, medical information, and tactical information must be organized, and all post-mortem information must be reported to this center, so that the final identification can take place.

Since 1985, DNA analyses have been applied in DVI-work. Most of the 159 victims of the Scandinavian Start disaster in 1990 were identified based on dental records; whereas, after the air crash in Spitsbergen in 1996, all but one of the 141 victims were identified based on DNA profiles. However, forensic odontologists are not outdated: in the recent terrorist bomb attacks in Madrid, 146 out of 191 victims were identified by means of dental records. Based on experience of mass disasters during the last five years, most western DVI teams start identification work using all available means, and adjusting the extent of the operation according to the conditions.

Keywords: criminal technicians; events; logistics; medico-legal; odontologists; pathologists; police; responsibility; terrorist; victim identification

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NATO's Role in Disaster Management and International Cooperation—Joint Medical Committee's Contribution

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In May 1991, the North Atlantic Council (NAC) decided to establish the Joint Medical Committee (JMC). The JMC works according to its Terms of Reference (TOR) and the NAC approved Ministerial Guidance for Civil Emergency Planning (CEP), and reports to the NAC via the Senior Civil Emergency Planning Committee (SCEPC).

The roles of the CEP are to support the Military Operations (Article 5), Crisis Response Operations (non-Article 5), and the National Authorities in Civil Emergencies, to protect the civilian population against the effects of weapons of mass destruction (WMD), and to cooperate with partner countries.

In addition to the JMC, there are seven planning boards and committees providing the SCEPC with advice, input, and studies concerning different fields of activities in a modern society (transport, food and agriculture, civil communications, industry, and civil protection). National representation in the JMC is both civil and military, both currently serving each with background and current services in the healthcare profession. The JMC also may draw upon a group of medical experts: disaster medicine, movement of casualties, chemical, biological, radio-nuclear, tropical medicine, medical logistics, public health, military medicine, and blood provision and supply.

The JMC responsibilities include medical emergency planning, information, and recommendation to NATO, participation in exer-

cises, conducting studies, addressing medical logistic issues, and carrying out tasks from the SCEPC.

The JMC also is cooperating with other NATO committees/bodies on the military side, especially when it comes to WMD issues. The Committee is providing medical support to the Euro-Atlantic Disaster Response Coordination Center (EADRCC) when the Center is activated in disaster management or in exercises. In addition, the JMC participates in the planning and accomplishment of seminars/workshops and in the development of treatment protocols for CBR-N agents. It is important for the JMC to emphasize the work with plans and procedures and to contribute to the medical interoperability within nations in medical emergencies.

The JMC cooperates with the Civil Aviation Planning Committee (CAPC), the military authorities concerning aeromedical evacuation, the Committee of the Chiefs of Military Medical Services in NATO (COMEDS) when it comes to civil-military support, the Food and Agriculture Planning Committee (FAPC) when it comes to medical justification for the introduction of restriction of movements of people and animals, and the Civil Protection Committee and the WMD-Center in the protection of the civilian population against WMD.

The CEP/JMC in NATO have a dialogue with the World Health Organization. Information is exchanged between NATO and the European Union.

The work in the JMC is based both on the Work Program developed for a period of two years (2003–2004) and CEP Action Plan. In this regard, the JMC provides civil inputs to the Inventory of National Medical Capabilities concerning CBR-N attacks, civil inputs to a Laboratory Response Network, and conducts a review on Epidemiological Surveillance Systems in the EAPC countries.

Keywords: assistance; biological; chemical; civil-military cooperation; disaster management; humanitarian; Joint Medical Committee; North Atlantic Treaty Organization (NATO); planning; radio-nuclear; role; terrorism; weapons of mass destruction (WMD)

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International Collaboration in Humanitarian Assistance: The Military-Civilian Relationship

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Cooperation between military and civilian agencies covers a large variety of relationships. It includes the conduct of the occupants towards the occupied (and vice versa), the way to avoid civilian structures when waging war, and recently, how military forces and humanitarian agencies may join forces to promote health, peace, and well-being.

The dual faces of a military force, aimed at preventing disasters through a mechanism of deterrence and their ability to actually create disasters, complicate this relationship between the military forces and the humanitarian agencies, and also between the military forces and the affected population.

On the other hand, military forces, as a rule, command huge quantities of resources, which when properly administrated, are