Results: We have concluded the DMAT operation office placed in ASO Medical Center Hospital, subsequently, the Aso area disaster health care revival liaison conference, had inaugurated officially - which was named ADRO [Aso Disaster Recovery Organization]. We have estimated, and expected to be proceeded by the next phase of disaster medical relief coordination. We also had been establishing relationships with the local relevant sector or institute. We received permission from the Kumamoto authorized institutes, and attempted to share the concept of this organization's establishment among us, through out the activities follows: 1) we established an outline, including goals, structure, and contents of the functions of this organization; enrolled institutions/organizations, and 2) we created the operation manual of ADRO, to clarify the detail of operation such as meeting schedules, places, handout documents, and manuals of the Minutes.

Conclusion: We are deeply considering that this process has a high potential to be a model case of the procedures, from an acute phase to subacute phase, to handle the disaster medical relief activity in the affected area. It is indispensable and an essential element to establish the coordination or conference body in a disaster affected area for handling effective medical relief activity.

Efficacy of Mass Graves for Management of the Dead in Mass Disasters - A Retrospective Multi-Center Study

Clifford P. Perera[1], Christopher Briggs[2], Anjana Dayal[3]
1. Dept. Of Forensic Medicine, Faculty of Medicine University of Ruhuna, Galle/Sri Lanka
2. Dept. Of Anatomy and Neuroscience, University of Melbourne, Melbourne/VIC/Australia
3. formerly at ICRC Regional Delegation, New Delhi/India

Study/Objective: To reassess the effectiveness of mass graves in managing the dead during post Asian tsunami period in Sri Lanka and India, to identify minimum standards and best practices for conduct of such graves.

Background: The unexpected high numbers of deceased, witnessed during a mass disaster, lead to the critical question of management of the dead including finding effective ways of disposal within a short period.

Methods: The data available for five selected mass gravesites located in tsunami affected southern Sri Lanka and south India, were perused and geographical locations of them were observed periodically since mid-2005, to assess the nature of the site and associated human action. The data was gathered on the criteria for selecting mass grave sites, burial procedure, members of the mass grave team, identification and documentation of deceased, involvement of first responders, strategies for maintenance of the mass grave, etc. The directions for locations and translators for interviews in south India were provided by the ICRC regional delegation in India and local Red Cross societies.

Results: The criteria for selecting mass burial sites were not uniform throughout the selected areas. Some were located just opposite the community habitats. The depths of these sites were also varied, and some burials were just few feet deep. The boundaries of most of the mass burial sites were indistinct. Many burial sites were utilized for reburials, and some burials were done during the evening or in the night. The services of untrained personnel were obtained to dispose of the dead, and the deceased were not tagged with permanent identification codes prior to disposal in almost all the sites.

Conclusion: Although the disposal method can be differed according to the disaster situation, mass gravesites are a potentially safe and appropriate method for disposing of the dead in developing countries, if followed with the proper guidelines.

Post-Disaster Recovery, Mental Health and Resiliency: The Role of Public Health Organizations

Melissa Genereux[1], Danielle Maltais[2], Mathieu Roy[3], Marie-Claude Maillet[4], Janot Gosselin[4], Geneviève Petit[1]
1. Département Des Sciences De La Santé Communautaire, Université de Sherbrooke, Sherbrooke/QC/Canada
2. Département Des Sciences Humaines Et Sociales, Université du Québec à Chicoutimi, Chicoutimi/QC/Canada
3. Direction Générale Adjointe, Eastern Townships integrated university center for health and social services – Sherbrooke hospital university center, Sherbrooke/QC/Canada
4. Direction De Santé Publique, Eastern Townships integrated university center for health and social services – Sherbrooke hospital university center, Lac-Mégantic/QC/Canada

Study/Objective: This case study aims to describe the role of public health in the long-term recovery of communities heavily affected by a disaster.

Background: In 2013, a train carrying 72 cars of oil derailed in Lac-Mégantic in the Estrie region (Québec, Canada), provoking a major conflagration and explosions. This disaster caused 47 deaths, the destruction of 44 buildings, the evacuation of 2,000 citizens (ie, one-third of local population), and an unparalleled oil spill.

Methods: The Public Health Department of the Estrie region examined the mental health consequences in the years following the disaster, using repeated cross-sectional studies (T1:2014; T2:2015) among large random samples of adults. Results from these two studies served as a powerful lever for community mobilization.

Results: Overall, seven in 10 adults living in Lac-Mégantic and surrounding areas reported human (eg, loss of a loved one) or material losses (eg, home damage) related to the train derailment. Two years after the event (T2), three-quarters of these "direct victims" showed moderate to severe signs of posttraumatic stress. Following the publication of these results, a multi-sectoral action plan, funded by the Québec health and social services ministry, was developed with community partners and citizens in order to increase resiliency. Through a wide range of actions, this plan pursued several objectives: to maintain and adapt psychosocial services (bringing them closer to people), to stay connected with the