

DISASTER MEDICINE

From the abundant writings on disaster relief, the *Review* has selected for its readers two works that will serve as a useful complement to this issue's articles on health care and medical assistance in disaster situations.

New Aspects of Disaster Medicine covers the proceedings of the First Asian-Pacific Conference on Disaster Medicine (1988).¹ Held under the auspices of the Japanese Association for Acute Medicine and the Japanese International Cooperation Agency, the Conference brought together experts and government representatives from some 20 mainly Asian and Pacific countries and from national and international relief organizations.

The ICRC and several Asian Red Cross Societies also took part in the meeting, which dealt with international cooperation in disaster medical activities, emergency medical services, disaster preparedness and response, experience of disaster relief activities, and finally rescue and medical care in the event of aircraft accidents or disasters at airports.

This book contains a very wide variety of contributions. Most of them describe experience gained in large-scale disasters (the drought in Ethiopia, the 1985 earthquake in Mexico, the destruction of the town of Armero in Colombia by a volcanic eruption in 1985, the Zeebrugge disaster of 1987, etc.) and medical and paramedical action taken in the wake of less extensive disasters. The book also contains the texts of talks on organization, structure and working methods from a large number of public and private institutions involved in disaster medicine in China, Indonesia, Singapore, Thailand, Japan, Malaysia and elsewhere.

The speakers point out both the strong and weak points of each phase of the respective operation under review (preparation, organization, structure, execution during the emergency itself and rehabilitation of the survivors), draw conclusions and make useful recommendations which may be summarized as follows:

- Adopt a multidisciplinary approach to disasters and mobilize the appropriate manpower resources to respond to the needs that arise (first-aid workers, doctors, nurses, nutritionists, primary health-care workers, etc.).

¹ *New Aspects of Disaster Medicine — Proceedings of the Asian-Pacific Conference on Disaster Medicine* (Osaka, Japan, 24-26 November 1988), Editors: Muneo Ohta, Takashi Ukai, Yasuhiro Yamamoto, Herusu Publishing Co. Inc., Tokyo, 1988, 222 pp.

- Make good use of modern technology to detect approaching natural or technological disasters, and get to know more about the characteristics of each disaster in order to avert the epidemics often associated with them.
- Develop preventive systems: the higher the degree of preparation and planning — in particular coordination between the security forces, civil defence organizations, the Red Cross or Red Crescent, fire brigades, voluntary agencies, etc. - the more effective the relief operation will be. The need to improve pre-hospital medical care was also stressed.
- Involve local communities more in disaster management to make them as self-sufficient as possible when disasters strike. The role of properly trained volunteers was reaffirmed and it was recommended that the training of medical and paramedical teams should be improved (special mention being made of psychological assistance to victims).
- Improve coordination between the mechanisms of international aid: inter-governmental organizations, the International Red Cross and Red Crescent Movement, the NGOs and bilateral assistance. To this end, it was recommended that universally recognized principles for such operations should be adopted.

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A relief operation is made possible by the commitment of institutions and individuals from different countries, speaking different languages and working according to their own rules and customs. Communication difficulties between the various entities involved may affect the operation's effectiveness.

Experience has demonstrated the need to provide doctors, engineers, meteorologists, nurses, nutritionists, planners and everyone else involved in disaster preparedness, relief and rehabilitation with a terminological guide to facilitate communication between them. This dictionary², compiled by Dr. S.W.A. Gunn, former head of Emergency Relief Operations at WHO and president of the Mediterranean Burns Club, thus contains definitions of the specialized terms often used in disaster-relief programmes and their equivalents in several major languages. Its purpose is to enable relief workers to select terms that will be understood by all.

It is divided into four sections, one for each of the four languages: English, French, Spanish and Arabic. Each section is divided into three parts. First there is the "dictionary" (providing the definition for each term in the case of English) which gives its equivalent in the three other languages. The second section is "units and measures", again providing a definition of each

² S.W.A. Gunn, *Multilingual Dictionary of Disaster Medicine and International Relief*, Kluwer Academic Publishers, Dordrecht, London, Boston, 1990, 190 pp.

unit in English and the equivalent in the various languages. Finally there is a list of “acronyms and abbreviations”.

This dictionary is a useful tool not only for those practising disaster medicine itself but also for researchers and translators who, puzzled for example by “GOES”, will quickly discover that it stands for “Geostationary Operational Environmental Satellite”, or, in French, “Satellite d’exploitation géostationnaire pour l’étude du milieu”, or, in Spanish, “Satélite geostacionario operacional para el estudio del medio ambiente”.

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