

this need is still not fully appreciated by politicians and NHS managers.

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## Medical response to disasters overseas

### *Accident and emergency doctors, the armed forces, the Overseas Development Administration, and the royal colleges all have a role*

Whenever medical and other facilities are overwhelmed a disaster has occurred. When there are no medical facilities disaster is inevitable. Such was the case when thousands of Kurds fled their homeland to seek refuge in the mountains of neighbouring Turkey and Iran.

There are several ways of supporting those in such dire need of help, and all entail the dispatch of personnel and equipment. The first is to wait for disaster before gathering together what personnel and equipment are available, but the delays inherent in this approach are unacceptable and the potential for ill equipped and unprepared volunteers adding to the disaster too great. Preparation and planning are essential.

Equipment could be stockpiled and teams held on standby, but the relative infrequency of demand could mean that both were still unprepared when used. Each disaster is different so the amount of equipment to be stored is potentially huge and must be continuously (and expensively) serviced and replaced. Medicines in particular have a limited shelf life. Yet the circumstances of the next disaster may require large amounts of only a few of the items so carefully and expensively stored. It is the same with people. Skills fade when not used.

A better way to prepare a response is to draw people and supplies from disciplines that use skills and equipment related to disasters every day. The accident and emergency services of the NHS encompass the breadth of training and experience necessary, and disaster planning is already part of the training of doctors working in these services. Triage of patients and managing the early stages of a wide variety of conditions on site are basic components of accident and emergency medicine. Furthermore, the specialty is well practised in working with other specialties that can be added to a core accident and emergency team to customise the response on each occasion.<sup>1,2</sup>

The NHS has large supplies of medicines, dressings, and equipment, which are constantly renewed, readily available in regional warehouses, and easily accessed by reference to published order numbers. This system has already been used successfully to provide flexible and rapid responses to disasters overseas,<sup>1,2</sup> and the stocks were swiftly replenished without detriment to the NHS. The funding organisation (in this case the Overseas Development Administration) had to pay only for what was used when it was used.

The MEDIC I accident and emergency team of the Royal Infirmary of Edinburgh has shown just how effective this response can be and reinforced the experience of others that

adding emergency medicine to the efforts of public health doctors will save the most lives.<sup>3</sup> If the idea of drawing on those who already possess the skills and equipment is accepted then logic demands the inclusion of the armed forces.<sup>4</sup> What better way to spend the peace dividend than to divert the unrivalled abilities of the British armed forces (and those of other NATO countries) towards disaster relief. Their transport, communications, quartermastering, and logistic skills could be put to no better use than complementing and reinforcing the NHS team in circumstances that would simultaneously provide them with ideal training.

Chaos inevitably follows catastrophe: its depth and duration depend on how fast order is restored. This requires co-ordination, and the British organisation best suited to this role is the Overseas Development Administration. No other organisation is as well placed to integrate government departments with voluntary agencies and non-government organisations. The minister for overseas development has publicly endorsed the pivotal role of the Overseas Development Administration, and her plan for the early dispatch of experts to disasters is a good one and will ensure that aid is targeted on need. She has responded favourably to the repeated pleas of many for a register of the whereabouts and availability of experienced medical staff.

Details of this register have yet to be published, but it will be effective only if it retains the confidence of the medical profession. The Royal College of Surgeons of England has recognised that one severely injured patient can overwhelm the facilities if taken to an inappropriate hospital.<sup>5</sup> By focusing attention on these small daily disasters it has encouraged the Department of Health to support an experimental trauma centre to begin the process of minimising chaos by planning. Were the royal colleges to consider the response to larger disasters they could ensure that any register contained the names not only of those who might want to go but also of those who really ought to go.

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