gram to strengthen multi-disciplinary disaster response capabilities in low-income countries by such collaborative efforts across civilian and military institutions that may cross national boundaries.

Methods: India is a disaster-prone, developing country with no formal national guidance for training in disaster preparedness for health sector. A massive earthquake in 2001 in Gujarat underlined the need for structured training in disaster preparedness for hospitals, prehospital personnel, and other health professionals. The Academy of Traumatology (India) in collaboration with the United Kingdom Defence Medical Services designed an India-specific training program for disaster preparedness: the NDPCH. This is partly based on the MIMMS course, which is available in civilian and military modules in many developed countries. The NDPCH is a combination of the one-day MIMMS program that is directed to prehospital staff and a one-day course tailored to hospital-based staff. This two-day intensive program involves lectures, tabletop exercises, practical skills training (radio procedure, triage), and directed discussion. An assessment of practical skills takes place at the end of each day. To date, >250 professionals have been trained, and the course has become a national standard for training in disaster preparedness. The NDPCH initiative has led to increased awareness about disaster preparedness in India. The principles taught in the course were first put into practice in 2002 following a terrorist attack on the Akshardham Temple in Gandhinagar, Gujarat. The program also has stimulated the development of emergency medical services (EMS) in many cities. "Training-of-trainers," courses now are offered jointly by military and civilian faculty.

Conclusions: This civilian–military collaboration has proved a unique joint effort, which successfully has augmented the disaster response capability of the civilian health sector in a developing country through a tailor-made training program based on international standards. This initiative has crossed national boundaries to promote cooperation between Europe and Asia. This course can serve as a model for military institutions with advanced capabilities in developed countries to collaborate with and support the disaster response capabilities in developing countries in order to strengthen the global efforts to reduce the burden of disasters.

Keywords: civilian–military; developing countries; Gujarat; India; MIMMS; National Disaster Preparedness Course for Hospitals (NDPCH), training

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Civilian Cooperation in Disaster Medicine

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Since the end of the Cold War and the fall of the Berlin Wall, rapid changes have taken place in the security function. The threat of military, global confrontation has been reduced greatly, and accordingly, the role of the military has changed. Political authorities are more likely to request military intervention oriented towards humanitarian assistance and disaster relief. Traditionally, military medical services have paved the way in these tasks. Well-trained personnel, organized rescue teams, and groups of specialists with appropriate technology must now be prepared to react at any time. These are vital factors in the immediate response to any disaster situation. In long-term-assistance operations, the military has the capability to help in the restoration of previously existing sanitary or healthcare systems. The whole area of civil–military relations and cooperation is defined and described in many NATO documents under the common term "CIMIC".

For example the MC 411/1 (NATO Military Policy on Civil–Military Cooperation) defines the wide and differing nature of relations between military and civil authorities, organizations, and agencies, and also the parameters of those relations according to the type of activities undertaken. In the Czech Republic, a specific law exactly defines the roles of individual bodies—civilian and military—involved in the response to any extraordinary or mass-casualty situations. An Integrated Rescue System (IRS) was installed to cover the whole country and recently has proved its effectiveness. During the flood disaster in August 2002 (the highest water level in the Czech Republic/Central European region for 500 years), military-civilian cooperation worked well within the framework of previously prepared legislation.

Keywords: CIMIC; Czech Republic; disaster medicine; mass-casualty; military-civilian cooperation; NATO

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Internalization of Medical Protocols during Medical Responses to Conventional and Unconventional Mass-Casualty Incidents

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Medical care in mass-casualty incidents (MCIs) is significantly different from medical and trauma care on a daily basis. MCIs due to terrorism creates challenges to medical response in the field and in hospitals. Medical personnel at all levels, on-site and in hospitals, share the objective to reduce mortality and morbidity caused by MCIs. Due to the security situation in Israel, injuries, such as those resulting from blasts or gunshots formerly identified with the battle zone, strike the civilian population.

Army Medical Corps and civil medical services cooperated and shared forces in order to research and establish national protocols for medical care due to MCIs. Civilian–military collaboration is part of emergency preparedness in Israel at several levels; as part of national committees at the level of policymakers, along with other civil members and ministers from the Ministry of Health (MOH), in the field level Medical Corp (MC) are taking part of training program related to conventional MCI as well as nuclear, biological and chemical (NBC) preparedness.

As part of readiness for MCIs, the MC in Israel have the highest capability to provide four essential elements: (1) search and rescue; (2) triage and initial stabilization; (3) medical care and evacuation with vehicle evacuation that may be