TERRORISM AND MASS-GATHERING MEDICINE

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Mass Media and Serious Emergencies

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Visual, audio, and printed news about calamities transmitted by the media often assumes meanings that are unstructured, not only for frail personalities, but for anyone. These media stimuli can evoke the powerful potential of the collective subconscious of primitive dreads, with abnormal reactions which generate emotions and uncontrollable behavior. This is not to burden the suppliers of information with the responsibility of being careful about their message, as most of them are prudent in general and critical of their profession. What, on the contrary, becomes dreadful is the nature of the calamitous events themselves, as their dramatic quality provokes a sort of natural complicity, through unconscious paths, between receiver and supplier of news. This news even can evoke the ancient need for suffering connected to the ancestral self-expiatory search for guilt, a need that always has been impending on all humans since their beginning. This is a sort of witchcraft that ultimately connects media and population: Crocq properly defined it as *misinformation vraie:* mass media are to people an open window on the external world and at the same time the mirror reflecting the secrets of the collective *Ego.*

It is up to the reporters' standards of professionalism and conscience to accomplish the difficult task of selecting the news and the spreading technique, saving of course the people's right to the truth, but also bearing in mind that some of them are passive receivers, with affective-emotional vulnerabilities, which often can be alarming and uncontrollable.

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Prehospital Management of Mass Violence in South Africa

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Objective: To describe the prehospital management of mass political civilian unrest in South Africa.
Description: Due to political uncertainty in the process of democratization, there exists large-scale intimidation and violence between peoples of different tribal groups, political affiliations, and racial color. Mass-casualty incidents involving conventional and homemade weapons are common in various urban settings. The emergency medical services often are targeted because of treatment provided to the injured. Therefore, unconventional forms of medical management are used when confronted with this scenario, which include armored ambulances, bulletproof clothing, mobile hospitals, ambulance buses, and specially trained medical teams. Specific injuries related to this violence are presented.

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Stampede Disaster and Management in Hong Kong

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Introduction: This paper describes a recent stampede disaster and presents the management of the disaster in Hong Kong.
Report of Disaster: More than 20 people were killed and 100 injured in an unprecedented stampede disaster at zero hour New Year Day 1993. At the stroke of midnight, a crowd of 20,000 people surged into a popular street for restaurants and bars to count down and cheer the arrival of the New Year. Singing and shouting, with the spraying of beer and champagne, caused some spectators to push and shove each other a few minutes after midnight. That was followed by a chaotic stampede when some tripped and fell. More than 150 police officers were posted in different areas, in anticipation of the problems related to the force of people uncontrollably pushing, piling, and trampling on each other within that brief moment. Casualties and dead bodies were transported to two major general hospitals.
Result: This is the first stampede disaster in the history of Hong Kong. Twenty were reported dead before arrival, mainly by asphyxia from chest and neck injuries. Of the 22 admitted, one died in the hospital. Forty-six were treated and discharged from the emergency department.
Coordinating Management System: The Hong Kong Hospital Authority has developed a special contingency plan in the event of major disaster. Two major regional hospitals acting in a receiving or supporting role are involved with a joint coordinating procedure.

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The Disaster Within Us: Urban Conflict and Street-Gang Violence in Los Angeles, California

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Violence is reaching critical proportions in cities and suburbs throughout the United States. A particularly alarming segment of this violence involves urban street gangs. This paper examines the impact of street-gang violence in Los Angeles County, California. After examining the growth and patterns of street-gang violence in terms of murder and assaults, it is concluded that modern street-gang violence is a chronic, endemic form of conflict disaster.

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The paper details trends in gang violence and victimization, considering them in terms of accepted chronological phases of disaster. Drawing from the experience of other forms of conflict disaster, future research needs are defined, asserting that gang victimology and epidemiology are unexplored areas within community health and disaster studies which deserve the attention of the emergency and disaster medical community.

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Terrorism: The Belfast Experience

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In civilian practice, most gunshot wounds are due to low-velocity weapons, whereas high-velocity weapons are commonly used in military warfare. As a result of civil disturbances in Northern Ireland, injuries due to both low- and high-velocity arms frequently have been encountered as well as those caused by bomb explosions. Injuries due to bomb blasts predominantly affected the peripheries, head, and neck suggesting that clothing had a protective effect.

Terrorist activities caused more than 20,000 civilian injuries and more than 10,000 injuries to security forces during a 24-year period. The peak incidence of injuries and highest mortality was in 1972.

All hospitals, which may be called upon to deal with a major disaster, should have a well-developed disaster plan which can be put into action rapidly and efficiently. A mechanism for triage of the injured into categories by a senior doctor in the accident and emergency department is of valid importance. Prompt resuscitation and urgent treatment of the critically ill is mandatory. Multiple injuries to the head, chest, abdomen, and limbs often require the expertise of different specialists working together and coordinating their activities.

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The Bologna Terror Bomb Disaster

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During the last 20 years, terrorist activities of different kinds have become increasingly common as expressions of extreme political groups. The mass injury effect of bomb attacks presents medical care organizations with special problems. Not only do a large number of severely injured patients quickly need to be provided with adequate care, but many of the patients also often exhibit a complicated and special pattern of injuries.

In August 1980, a terrorist bomb attack was made on the central railway station of Bologna, Italy. Altogether, 291 persons were injured, 73 of whom died at the scene. An analysis of the nature of the injuries and the mechanism by which they occurred showed that three types of bomb injuries could be distinguished: primary blast injuries (pulmonary injuries and flash-burns), and secondary and tertiary injuries (concussion, lacerations, and fractures), the latter two types from flying debris set in motion by the blast wave or propulsion of the body.

Many of the patients with primary blast injuries of the chest initially were in relatively good condition, but developed progressive respiratory changes within 24 hours. In some of these victims, blast injury of the chest was combined with perforation of a tympanic membrane. Several persons sustained burns, mostly extensive but superficial and located on unprotected parts of the body. Stones flying through the air caused severe injuries and most of the deaths were due to crush injuries when the station building collapsed. More predominant than the primary blast effects were the secondary effects.

Because the secondary and tertiary effects of a bomb explosion often lead to multiple injuries,these patients require considerable therapeutic and medical care resources. By an evaluation of the degree of severity of the injuries with use of the Anatomic Injury Score and Injury Severity Scoring systems, the injurious effects of different types of disasters can be estimated and the findings can serve as basis for future planning of disaster preparedness.

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The Medical Response to the Conflict in Yugoslavia

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The tragic events in Bosnia are a disaster that keeps unfolding without, as yet, any obvious foreseeable endpoint. The delivery of medical care in a war situation by civilians in a disaster that has no defined limit poses problems for health agencies.

The experiences of delivering medical-aid in these circumstances will be described.

The special role of assessment of health needs will be emphasized with reference to missions in Croatia, Bosnia, Serbia, Montenegro, and Macedonia.

The relationship of the medical response in these circumstances as opposed to a disaster with fixed endpoint will be explored. Particular attention will be paid to the relationship between local medical practitioners and the outside aid agencies.