

## Organization and Implementation of Medical Support after an Earthquake

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China is a very earthquake-prone country. In China, the armed forces are the major element for rescue following an earthquake. This paper introduces the organization and implementation of medical support in an earthquake. It reviews the casualties and loss of property that happened following 10 powerful earthquakes between 1966 and 1976, and it examines the practices, experiences, and lessons of the medical support provided by the armed forces. It describes the medical support preparation work of the military hospitals and other military medical units. According to the practice of the Chinese armed forces, the paper discusses the preparation in six aspects: (1) mentality, (2) organization, (3) technology, (4) regulation, (5) material, and (6) training.

**Keywords:** armed forces; China; disaster; earthquakes; experiences; hospitals; mentality; organization; preparedness; regulation; rescue; response; technology; training

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## New Responses and Precautions Resulting From Mass Poisonings in Japan

Noriyoshi Ohashi

In the past 10 years, Japan has experienced several unusual chemical emergencies, leading the Ministry of Labor and Health to develop additional countermeasures. Sarin gas, a deadly neurotoxin, was released by terrorists in the city of Matsumoto in 1994, killing 7 people, and in the Tokyo subway in 1995, killing 12 and injuring more than 5,000. In Wakayama City in 1998, food at a summer festival was deliberately poisoned with arsenic; there were 67 victims and 4 deaths.

As a result, additional analytical instruments (HPLC, fluorescent X-ray analyzer) were provided to 50 critical care and emergency medical centers. Personal protective equipment (PPE) and tools for decontamination were arranged in every prefectural government. There are frequent seminars on dealing with nuclear, biological, and chemical (NBC) terrorism disasters. And a collaborative network has been established among prefecture governments, fire and police departments, public health centers, hospitals, poison information centers, the coast guard, and self-defense forces.

**Keywords:** arsenic; Japan; NBC; poisoning; sarin; terrorism; Wakayama

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## Health and Hygiene Conditions in an Afghani Refugee Camp in Pakistan

Satoko Otsu

**Objective:** Since American military action in Afghanistan began in late 2001, a large number of Afghans have sought refuge in Pakistan. Crowded living conditions in tents, poor hygiene, and the prevailing cultural and religious background created an environment in which refugees may be highly susceptible to disease acquisition and transmission.

This study sought to describe the health status and risk factors of Afghani refugees in the northwest area in Pakistan.

**Methods:** Medical records from two health units in Balochistan State that served two refugee camps were analyzed for disease types and risk factors among the refugees.

**Results:** The refugees' most common infectious morbidities were diarrhea, respiratory infections, and skin diseases (including leishmaniasis). However, chronic diseases such as arthritis and headache were the most common outpatient diagnoses. Risk factors for diseases included illiteracy, lack of education about basic hygiene, and crowded living conditions (refugees resided with an average of 6 to 10 relatives per tent). Vaccination coverage was low.

**Conclusions:** Owing to poor residential conditions and lack of hygiene knowledge, Afghani refugees in northwest Pakistan were prone to infectious diseases. It is necessary to teach basic hygiene and promote vaccinations among these groups. Health units should also be prepared to manage chronic diseases.

**Keywords:** Afghanistan; hygiene; leishmaniasis; Pakistan; refugees

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## Review of Hospitalized Ocular Trauma Patients in Rafsanjan, Iran (2001–2002)

Majid Mohammady

**Objective:** To identify the demographic factors related to the increased risk of ocular injuries presented to the Rafsanjan emergency department, and to determine the planning and provision of eye healthcare and safety strategies for the prevention of eye trauma.

**Methods:** A descriptive, cross-sectional study for 110 consecutive patients who presented to the ocular emergency department, and were hospitalized over a 24-months period. Ocular injuries and associated variables were assessed.

**Results:** There were a total of 110 patients, and 73.9% were men. Ages ranged between 5 years to 56 years, with the mean age of 15.6 years. Vision at presentation varied from light perception to 20/20. Fifty-three percent of the victims suffered injuries caused by blunt trauma. Common ocular findings were hyphaema (50%), corneal laceration (46%), scleral laceration (15.3%), uveal prolapse (15.3%), traumatic cataract (19.2%), and vitreoretinal injuries (23%).

**Conclusions:** Ocular traumas remain an important cause of avoidable and predominantly monocular morbidity. Health education on the preventive aspects of ocular injuries in schools, as well as industrial centers, should reduce the incidence of visual loss due to ocular injuries.

**Keywords:** blunt; education; eye; healthcare; injuries; morbidity; prevention; trauma; vision

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## Epidemiology of Childhood Injury in Rafsanjan, Iran

Hamid Bakhshi

**Introduction:** The purpose of this study was to describe the main injury patterns and treatment outcomes for children under 10 years old who were injured in Rafsanjan and treated in hospital emergency services, along with their main demographic characteristics.

**Methods:** This cross-sectional study was carried out at the