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World Health Organization

Misuse of FIELD HOSPITALS

Jean Luc Poncelet, MD, MPH

Area Manager

Emergency Preparedness and Disaster Relief

<http://www.paho.org>



Definition

- A Field Hospital is a mobile, self-contained, self-sufficient health care facility capable of rapid deployment and expansion or contraction to meet immediate emergency requirements for a specified period of time.
- Can be dispatched with or without personnel.



(Foreign) Field Hospitals

- Natural and complex disasters may produce a large number of casualties and damage to the health care infrastructure.
- In complex disasters (civil conflicts and wars), field hospitals –civilian or military- have been used with notable success.
- In the aftermath of natural disasters in developing countries, the experience has proven to be less satisfactory in terms of effectiveness and cost.



Overall reason of failure....

....Misunderstanding

SENDER POINT OF VIEW

- Sent to help victims of the event, but in reality to attend to the “usual” pathologies.

RECIPIENT POINT OF VIEW

- Requested to save the victims, but with the expectation to replace facilities that were deficient before the disaster.



Focus of this presentation

- *Foreign field hospitals.*
- *In the aftermath of sudden impact disasters.*
- *In developing countries.*



Deliverables of Field Hospitals

- Provide early **emergency medical care** (including Advanced Trauma Life Support – ATLS) **up to 48 hrs.** following an event.
- Provide **follow-up care** for trauma cases, emergencies, routine health care and routine emergencies (from **day 3 to day 15**).
- Act as **temporary facilities** to substitute damaged installations pending final repairs or reconstruction (**second month-2 or more years**).



Conditionality to send or request a field hospital



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Early Emergency Medical Care (First 48 hrs.)

Context: Overwhelming number of victims

Essential requirements:

- Be operational on site within 24 hrs. after the impact of disaster.
- Be entirely self-sufficient (personnel, equipment, supplies . . .)
- Offer comparable or higher standards of medical care than were available in the affected country prior to the precipitating event.



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Early Emergency Medical Care (First 48 hrs.)

- **Optional criteria:**
 - Be familiar with the health situation and culture of the affected country.
- In practice, those medical facilities available within the first 24 hours most likely will come from neighboring countries.



Follow-up Trauma and Medical Care (Day 3-Day15)

CONTEXT

- Health services are overwhelmed by the need for secondary care of the trauma victims.
- Unavailability of medical brigades or teams from within the country or from culturally compatible neighbors.



Follow-up Trauma and Medical Care (Day 3-Day15)

Essential requirements:

- Be fully operational within 3-5 days.
- Minimal need for support from the local communities.
- Basic knowledge of the health situation and language, and respect for the culture.
- Availability of selected specialties.
- Sustainability (appropriate technology).
- Evaluation of the cost-effectiveness and cost-benefit associated with the use of the FFH.



Follow-up Trauma and Medical Care (Day 3-Day15)

Optional criteria:

- Cultural similarity.
- Broad range of medical disciplines (epidemiologists, hygiene/sanitation experts and mental health experts have proven to be valuable assets).



Donation of FFH (Without Personnel) to Serve as a Temporary Hospital (from Second Month to Several Years)

CONTEXT:

- The need to provide a *temporary* hospital until a permanent solution is available.



Donation of FFH (Without Personnel) to Serve as a Temporary Hospital (from Second Month to Several Years)

Essential requirements:

- Lack of other more cost-effective alternatives.
- Appropriate standards for both the patients and the staff.
- Designed to be used for a long period (until final reconstruction of local health care system).
- Installation and maintenance support provided at no cost to the affected country.



Donation of FFH (Without Personnel) to Serve as a Temporary Hospital (from Second Month to Several Years)

Optional criteria:

- Availability of experienced logisticians familiar with this type of equipment.



Bam Earthquake, Iran

December 2003

- The earthquake left at least 30,000 people dead, tens of thousands injured and more than 70,000 homeless.
- All hospitals and most health centers were destroyed.
- International community sent more than 10 field hospitals accompanied by medical staff.
 - 3 hospitals arrived 3 days after the quake, 2 on the fourth day and the others after 5 days or more.
 - Length of stay varied from 1 week to 3 weeks and up to one year (one hospital).
 - 15 surgeries reported, 25 surgeons sent.



Conclusions

- The cost-benefit of field hospitals in natural disaster is different than its use in more long term crisis situations.
- Deployment of field hospitals is very attractive but frequently has serious consequences on the recipient countries at medium and long term.
- Top level technical and political authorities of both donor and recipient countries must be better aware of the conditions for a FH to be useful in sudden-impact disasters.



Conditions to deploy foreign field hospitals

1. Following a declaration of emergency and a request from the health authorities of the affected country.
2. To be integrated into the local health system.
3. After respective roles and responsibilities for their installation, operation and maintenance have been clearly defined.



Thank you



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