



EPAT



TURKISH RED CRESCENT



TÜRK KIZILAYI

1868

## Migration preparedness Plans of Countries



Sparsh Hospital

Mazumdar Shaw Cancer Center

Narayana Nethralaya

Narayana Hrudayalaya



## 1ST MIDDLE EAST CONGRESS ON DISASTER AND PREHOSPITAL MANAGEMENT

• Immigration • Public Health • Psycho Social

Innovation in Disaster Management , Silk Road Meeting



THIS CONGRESS HAS BEEN ORGANIZED BY EPAT, TURKISH RED CRESCENT AND ACAT

## 1. MIDDLE EAST DISASTER AND PRE-HOSPITAL MANAGEMENT CONGRESS

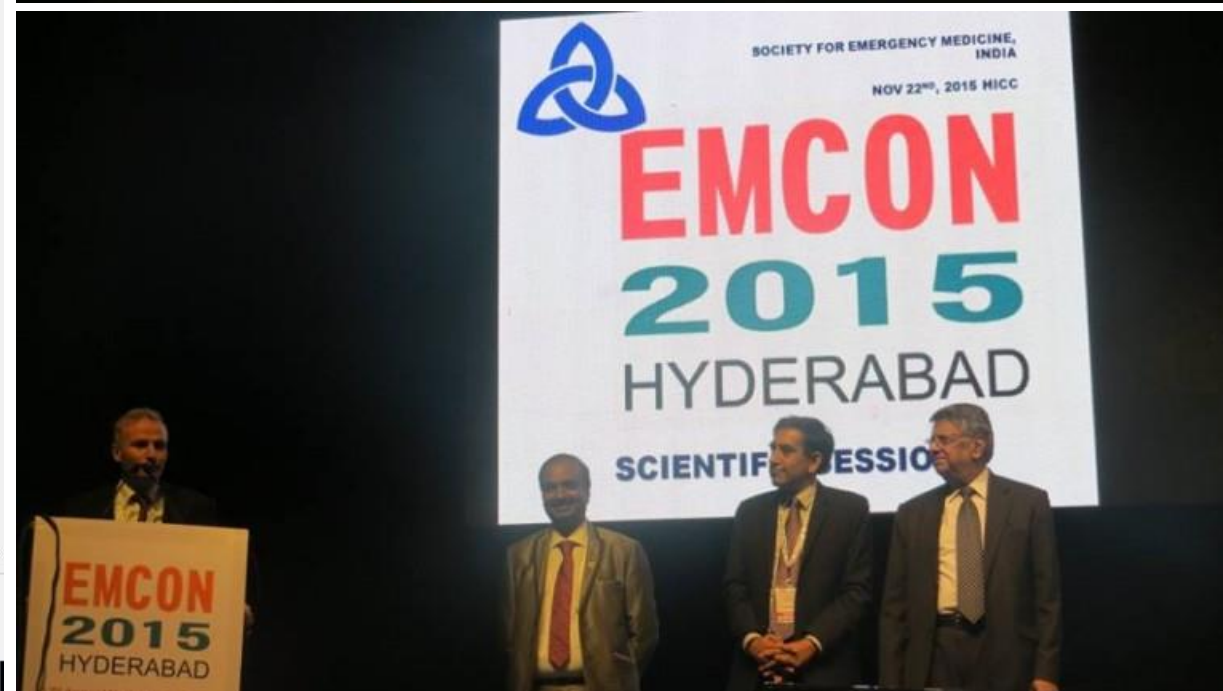
8-11 OCTOBER 2017  
ISTANBUL

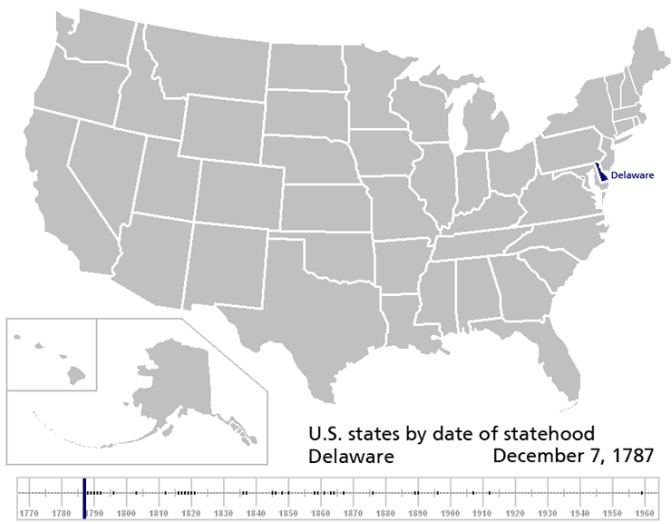
- Disaster Medicine • Disaster Nursing • Terrorist Attacks • Migration and Humanitarian Aid
- Disaster Drills • Exercise in Animation • Disasters and Information • Disasters and Ethics
- Camp Management in Disasters • Current Issues in Medical Ward • Identification and Ethics in Disasters
- Disaster Law • Disasters and Public Health • Cyber Attackers • CBRN and Mass Protection
- Prehospital Medical Care • Disaster Logistics • Disasters and Local Governments

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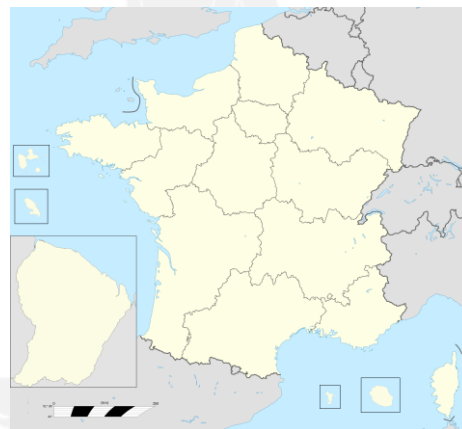
The Green Park Pendik Hotel  
& Convention Center

THIS CONGRESS IS ORGANIZED BY THE TURKISH RED CRESCENT • THE EPAT • THE ACAT

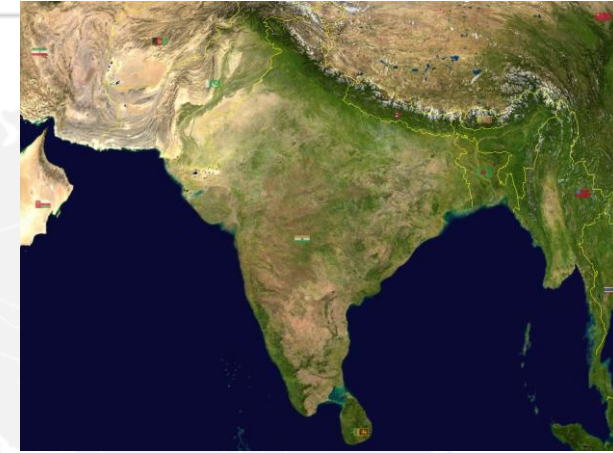




Most popular migration destinations.



SEMI

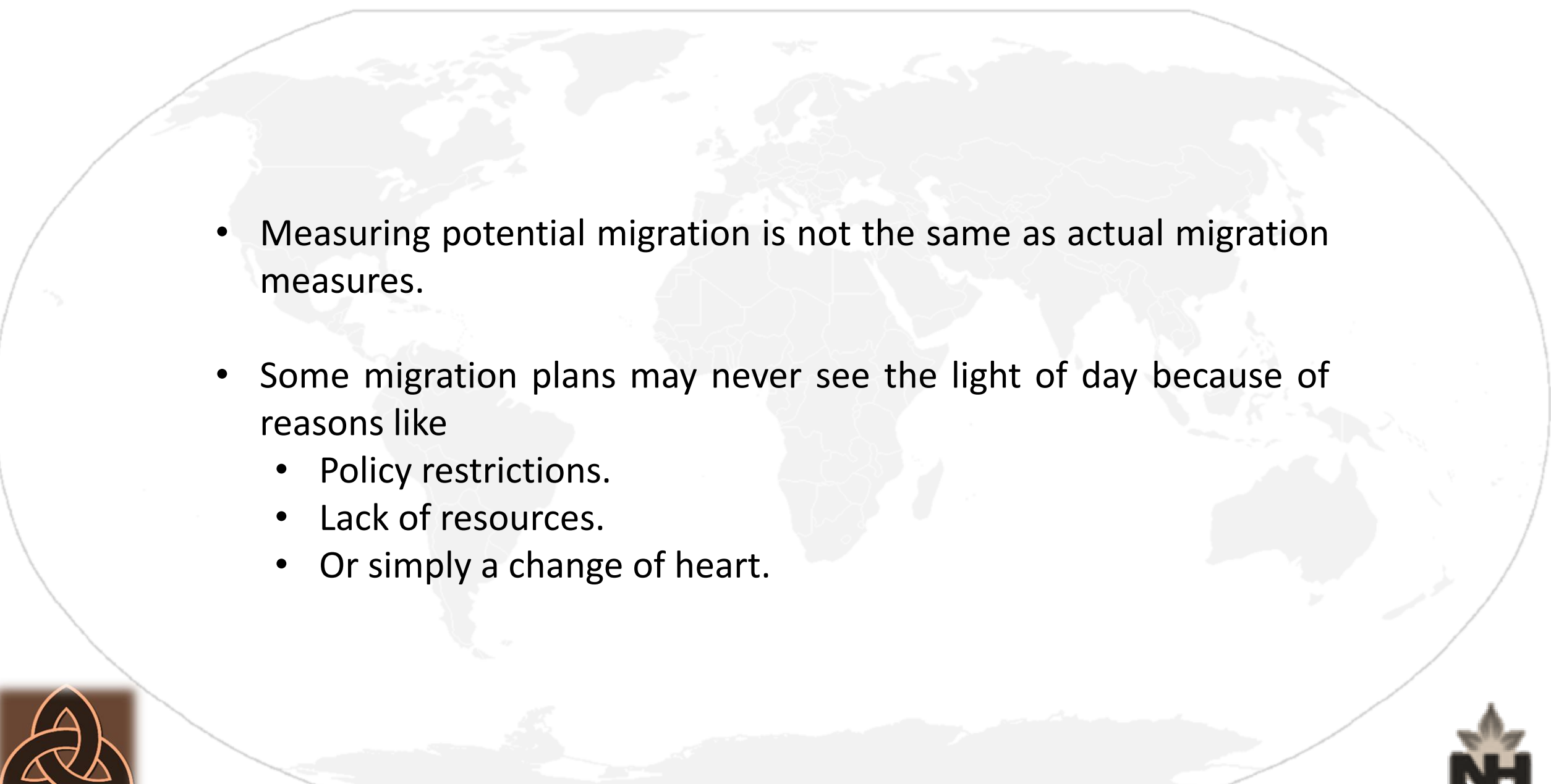


Countries contributing to migration.



1. IOM. Measuring Global Migration Potential, 2010–2015. *Glob Migr Data Anal Cent Data Brief Ser.* 2017;(9):14.

- 
- A light gray world map is centered in the background of the slide, showing the outlines of continents and countries.
- The regions with the largest migration potential are made up by West Africa, South Asia and North Africa.
  - The study is based on international survey data by the Gallup World Poll.

- 
- Measuring potential migration is not the same as actual migration measures.
  - Some migration plans may never see the light of day because of reasons like
    - Policy restrictions.
    - Lack of resources.
    - Or simply a change of heart.

The background of the slide features a light gray, semi-transparent image of a forest on the left side, with several birds in flight scattered across the upper half of the page.

## **Reasons For Migration**

- Economic
- Social
- Political
- Environmental

## Push factors

These are reasons why people leave an area.

- Lack of services
- Lack of safety
- High crime
- Crop failure
- Drought
- Flooding
- Poverty
- War

## Pull factors

They are reasons why people move to a particular area

- Higher employment
- More wealth
- Better services
- Good climate
- Safer, less crime
- Political stability
- More fertile land
- Lower risk from natural hazards

Thet KK. Pull and Push Factors of Migration: A Case Study in the Urban Area of Monywa Township , Myanmar. *World Stat.* 2014;1(4). <http://www.worldofstatistics.org/files/2014/03/March-24-2014.pdf>.

Cummings C, Pacitto J, Lauro D, Foresti M. Why people move: Understanding the drivers and trends of migration to Europe. *ODI Work Pap.* 2015;430(December 2015). <http://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/10157.pdf>.





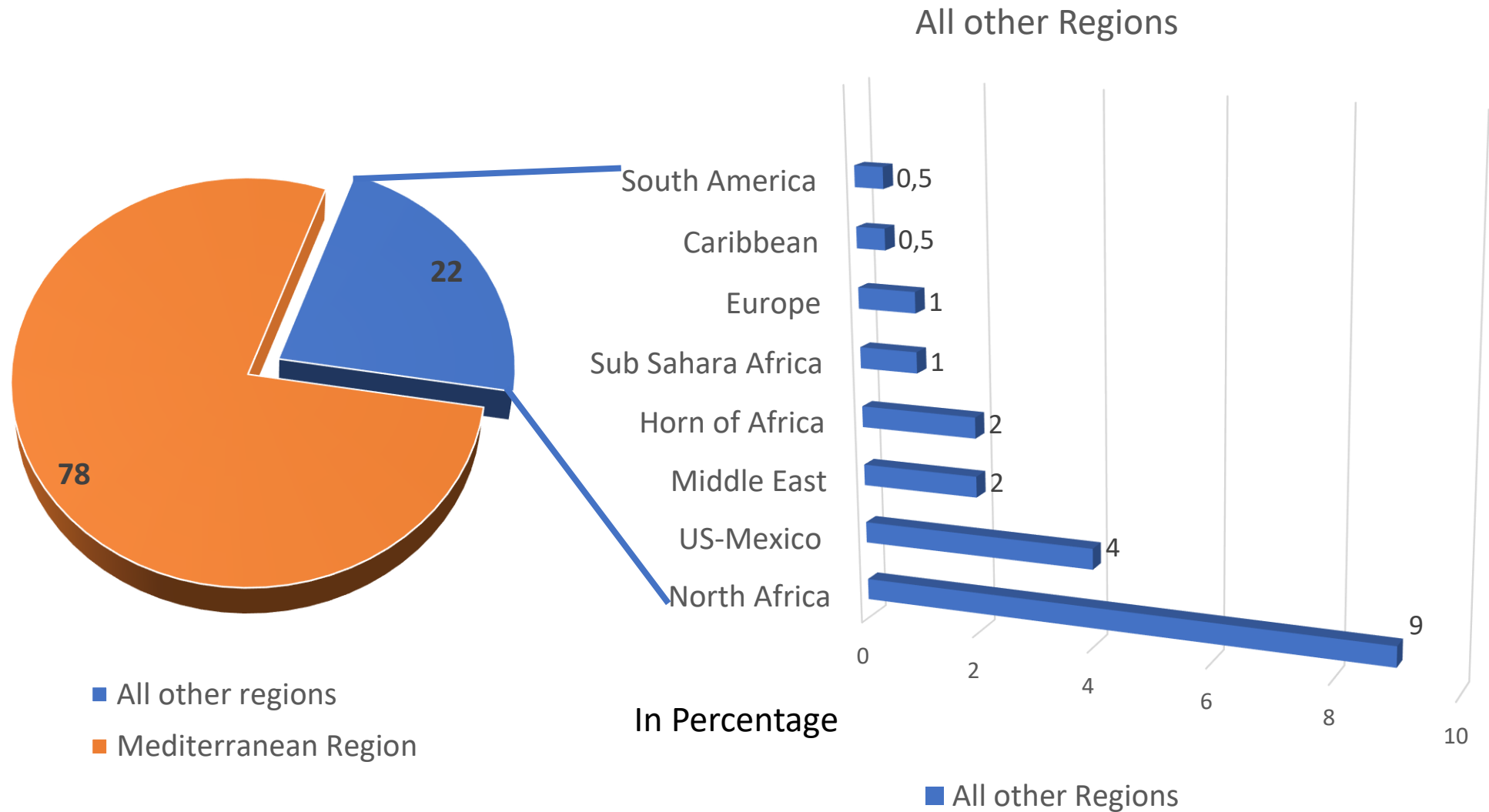
## The Ugly Side of Migration

## Illegal immigration

- The entry of person or a group of persons across the border circumventing the immigration laws of the destination and with the intention to remain in the country.
- In 2010 a campaign to drop the term illegal from illegal termination was launched
- They advocate the use of the term undocumented immigrants or unauthorized immigrants

- Exploitation of Labor
  - Many a country consider employment without documentation illegal.
  - Hence they are employed at much below minimum wages to work in poor conditions.
- Injury and illness
  - They work for much less in risky industries.
  - No medical coverage only compounds their predicament.
- Death
  - Death during transit is always a risk they feel worth taking.

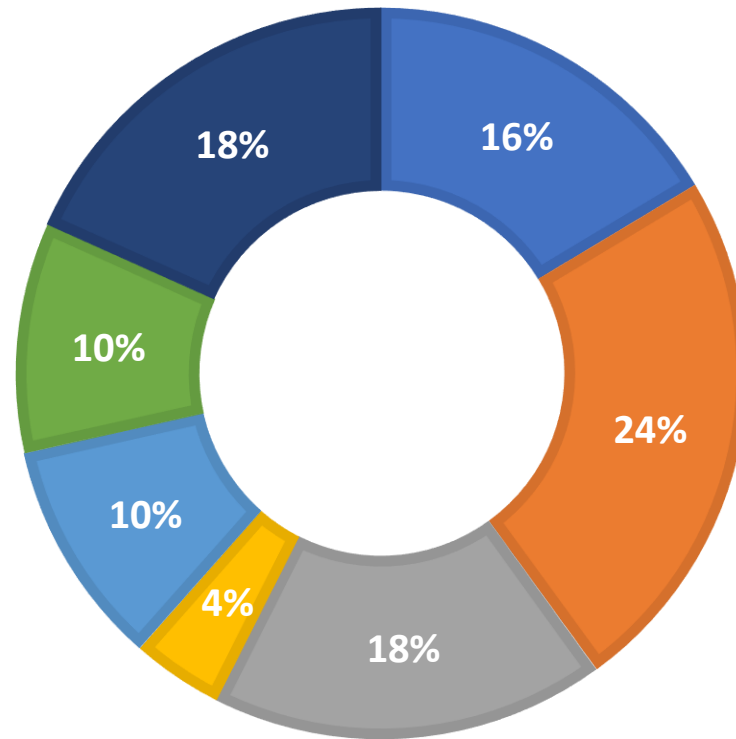
# Global recorded Deaths / Disappearance of Migrants



International Organization for Migration, GMDAC. Dangerous journeys – International migration increasingly unsafe in 2016. *Glob Migr Data Analysis Cent Data Brief Ser.* 2016;(4/2016).

## REPORTED CAUSE OF DEATH OF MIGRANTS IN AFRICA

- Drowning
- Sickness
- Starvation/Dehydration/Exposure
- Suffocation
- Violence
- Vehicle Accident
- Unknown/Other



International Organization for Migration, GMDAC. Dangerous journeys – International migration increasingly unsafe in 2016. *Glob Migr Data Analysis Cent Data Brief Ser.* 2016;(4/2016).

**For Better or For Worse**



Recipient countries are usually the industrialized nations of Western Europe or the United States.

These nations benefit from immigration in the following manner

- Immigrants often do work that the people of the host nation are reluctant to do or cannot do.
- They tend to work for less and longer hours, which benefits the host nation.

Immigration also brings with it problems

- Immigrants tend to be exploited for cheap labor.
- Developing countries suffer from brain drain.
- Limited resources of the countries are used to train highly skilled people who then take their talents to another country.
- Immigration tends to attract criminal elements who benefit from trafficking in drugs and people.

## Effects on Donor Country



- Flow of money
  - The remittance of migrants is very important for developing countries.
  - It seconds only foreign investments.
- Skills
  - Migrants learn new skills when they work abroad.
  - On returning home they bring these skills with them and help the local economy.

# Important Services

**Consider for Health workers for taking care of Reproductive Health Working Group:**

**Requires place for clean deliveries**

**Life saving medical supplies and TIG is required**

**Milk code violations and limited breastfeeding**

**→ Essential Intrapartum and Newborn Care (EINC) training**

**→ Getting ready for baby boom, more support for reproductive health**



We have to be ready and make a plan for the Infectious diseases which are common in Migration –

Especially diseases like

Dengue

Measles

Cholera

TB

# Nutrition remains the main key

**Children are very vulnerable for acute Malnutrition and other medical complications**



**"Using new food aid products  
for prevention to enhance  
resiliency"**

*The nutri butter experience \_ Dadaab refugee  
camp ,Kenya*

Dr. Kahindo Maina  
Public Health Officer  
UNHCR

Presentation on behalf of Terry Njeri Theuri, Nutrition officer UNHCR

# Vocational training



# Disasters and Migration



Disasters create refugees

This migration is due to

- Flight – escape.
- Evacuation - removal of people from harm's way.
- Displacement - the uprooting of people from a home ground.
- Resettlement - relocation of people to new homes.
- Forced migration - people must move to a new and usually distant place.

## Nepal 2015

- The natural disaster a massive earthquake and its aftershocks led to a significant change in migration patterns.
- Nepal's economy depends on its migrant population.
- The earthquake caused significant internal displacement, people moving to less affected areas.
- Many people working abroad were also trying to get back trying to enquire about their loved ones.

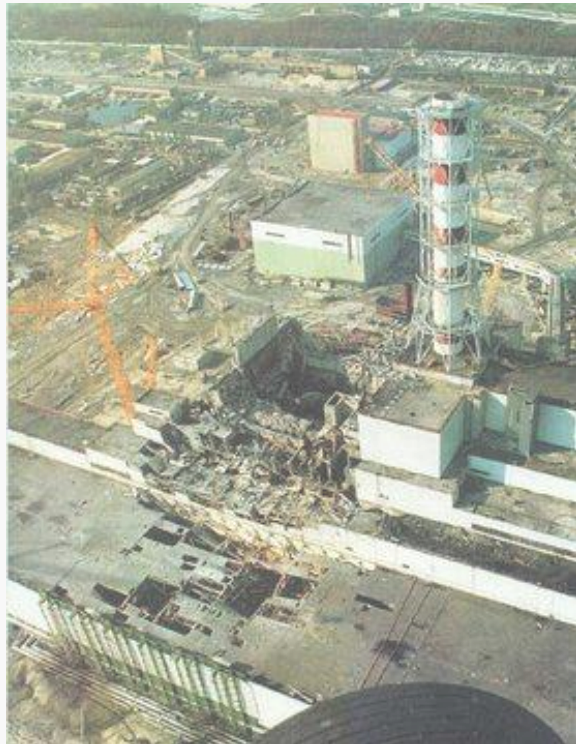


## Drought

- A slow onset emergency.
- Developed over a few years in parts of Central America and South Africa
- This greatly affected regional migration patterns.
- In Somalia this has been compounded by a protracted civil war aggravated by food and water shortages.
- A never ending cycle of violence and food shortages.
- A similar situation in Syria where a 5 year drought may have contributed to the ongoing mayhem.

## Chernobyl 1986 / Fukushima 2011

- Be it human error or natural disasters.
- The resulting nuclear disasters force migration on the nearby population.



# What did we learn from Typhoons and Ebola

- Preparedness – how to receive these migrants
- Relief material for Basic amenities like
  - Water, food, shelter and essential health services
  - Mental health problems surface 3-6 months post-disaster
- Unauthorised settlements or Slums which are unique and dynamic

# What did we learn from Typhoons and Ebola

- **Resources and attention which is required in health systems for the public**
- **Unknowns will be many which has to be dealt with**
- **Emergency Physicians and the Paramedics accross the world are most efficiently trained and CMEs like these will be beneficial so dont be afraid to use your skills and knowledge.**

# Team leadership lessons- which are tough at the top ?

- Politics, Priorities and Ethics like:
  - Housing and resettlement- interference
  - How to provide basic water and sanitation to these camps which are unauthorised
  - Sexual exploitation, child exploitation, orphan care
  - To exhume mass graves or not
- Leading a team
  - organisational terms and conditions and expectations
  - Sex and drugs and rock and roll- team dynamics
  - Organisational rivalries

# Team leadership lessons- which are tough at the top ?

- Dealing with unknowns.
- Infection control standards and safety- what is excellent, good, good enough, not acceptable. Any flexibility ? What are the risks ? What are the principles – precautionary principle versus harm reduction.
- Grave sites and depths, run off, infection risks to site workers and pickers,
- Will the population find your presence and interventions acceptable?

HVA  
INDIA



COALITION  
CHALLENGES  
OPPORTUNITIES

# AGENDA

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DM  
FRAMEWORK

EM WORKFORCE

EM TO DM

# India's Vulnerability to Disasters



**58.6%** of the landmass is prone to EARTHQUAKES of moderate to high intensity



**68%** of the cultivable area is vulnerable to Drought



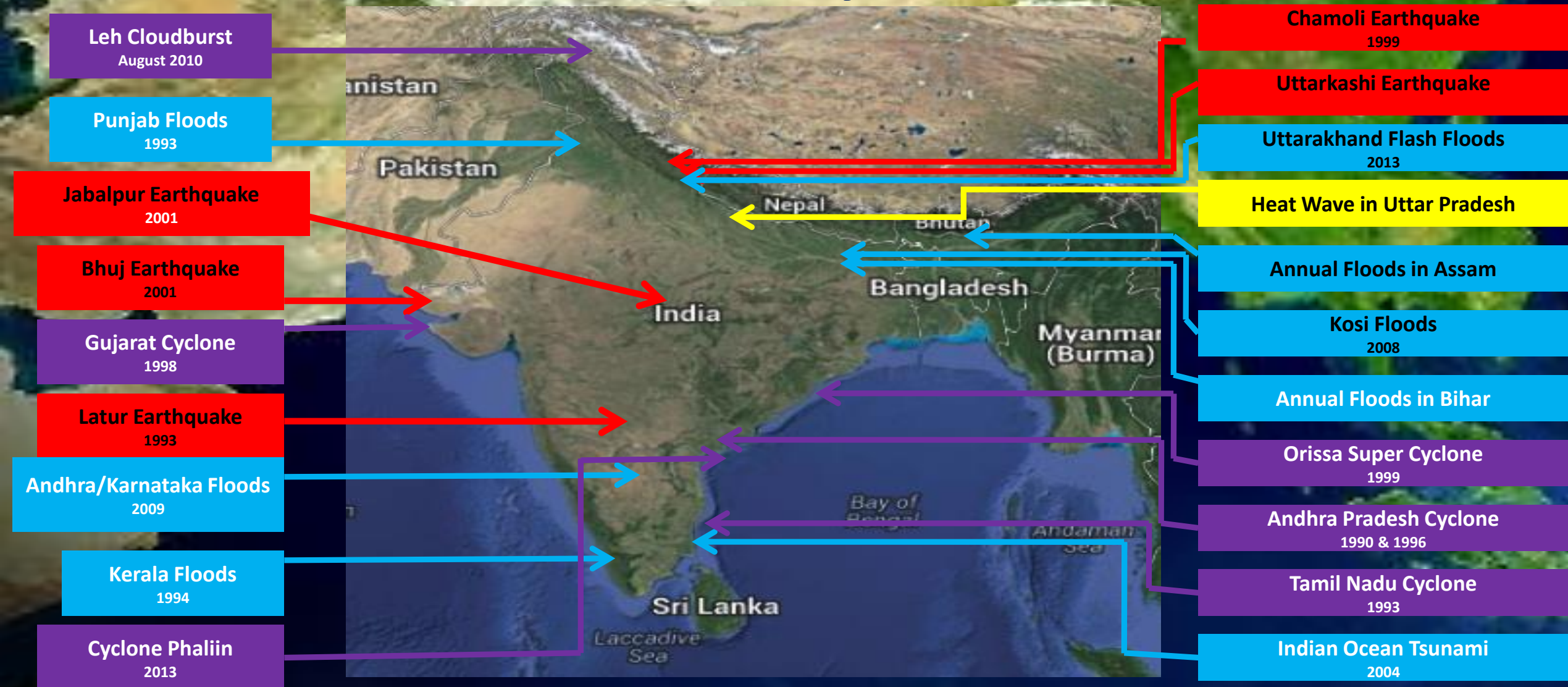
Over **40 million** hectares (12% of Land) is prone to Floods and River Erosion



Of the 7,516 km long coastline, close to **5,700 km** is prone to Cyclones and Tsunamis



# India's Vulnerability to Disasters



# Management of Disasters

## National Policy on Disaster Management - 2009

**“To build a safe and disaster resilient India by developing a holistic, proactive, multi-disaster oriented and technology driven strategy through a culture of prevention, mitigation preparedness and response.”**



# EMERGENCY SUPPORT FUNCTIONARIES - INDIA

ESF 1 & 2  
COMMUNICATION EVACUATION

ESF 3 & 4  
SEARCH & RESCUE  
LAW & ORDER

ESF 5  
MEDICAL RESPONSE  
TRAUMA COUNSELING

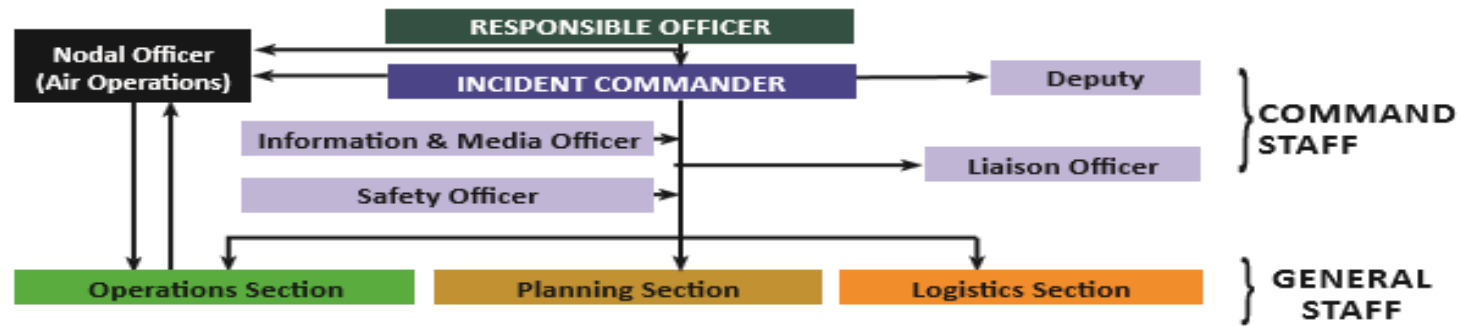


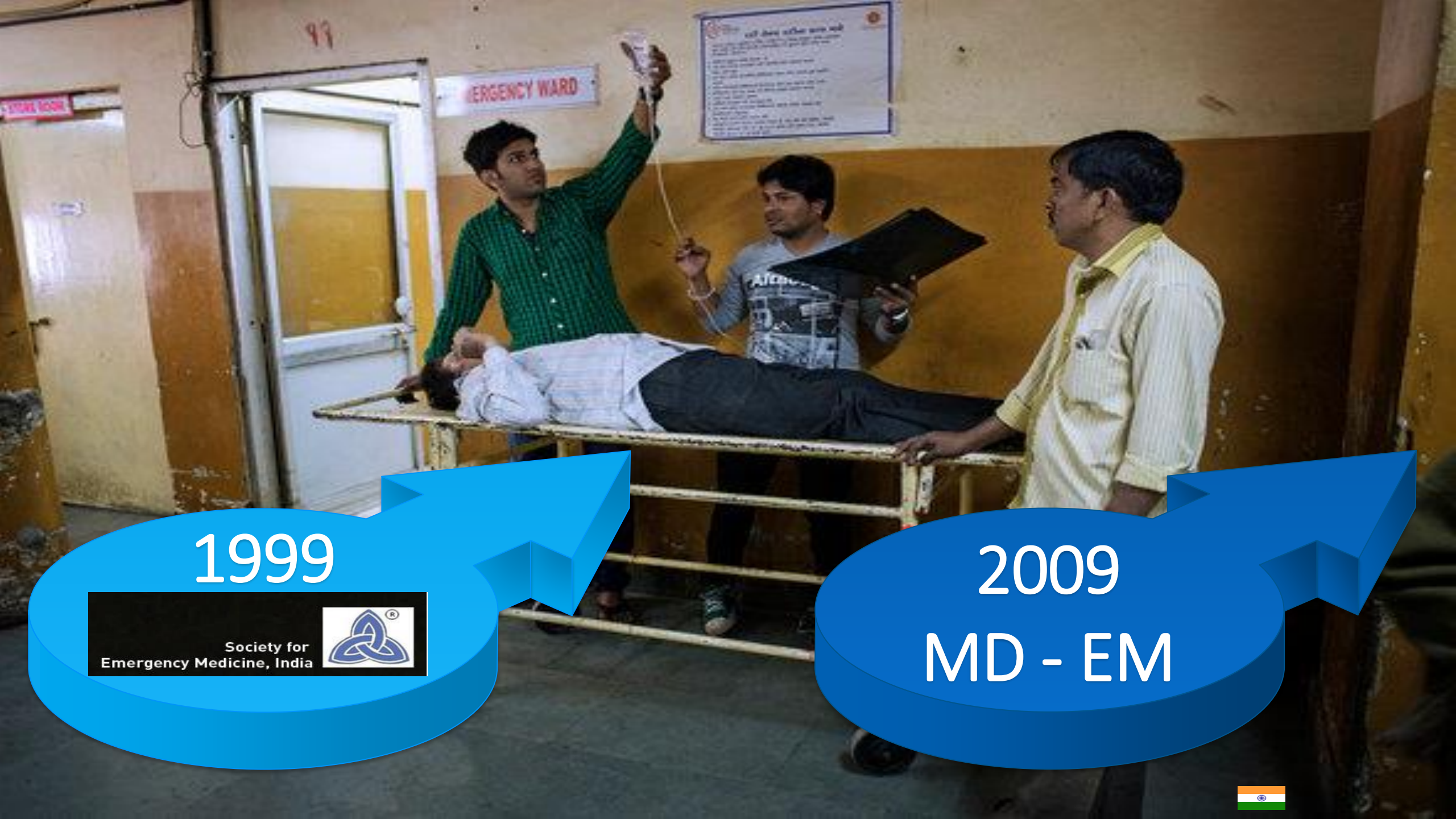
Fig. 1. IRS Organization

ESF 6 & 7  
WATER SUPPLY  
FOOD & SHELTER

ESF 8 & 9  
EQUIPMENT SUPPRT & DEBRIS  
CLEARANCE  
HELP LINES

ESF 10 & 11  
POWER SUPPLY  
TRANSPORT





1999

Society for  
Emergency Medicine, India



2009

MD - EM



EMERGENCY PHYSICIANS

EMERGENCY MEDICINE NURSES

EMTs

ASHA WORKERS





A humanitarian appeal

# help

## Flood stricken BIHAR

*"Thousands of people living their days out without Food, Medicine and Drinking water."*



## Less Relief more Trauma

Urgent help is needed now as floodwaters have made millions of people homeless. The floodwaters have already polluted wells and other water reservoirs meant for drinking water. Soon the epidemic of water-borne diseases will afflict millions of people.

Supported by



## EXTEND YOUR HELP

Mumbai: +91 9821871945 / 09324334359

DELHI : +91 9811382902

[www.doctorsforyou.org](http://www.doctorsforyou.org)

## Donate



clothes



medicines



Food



blankets

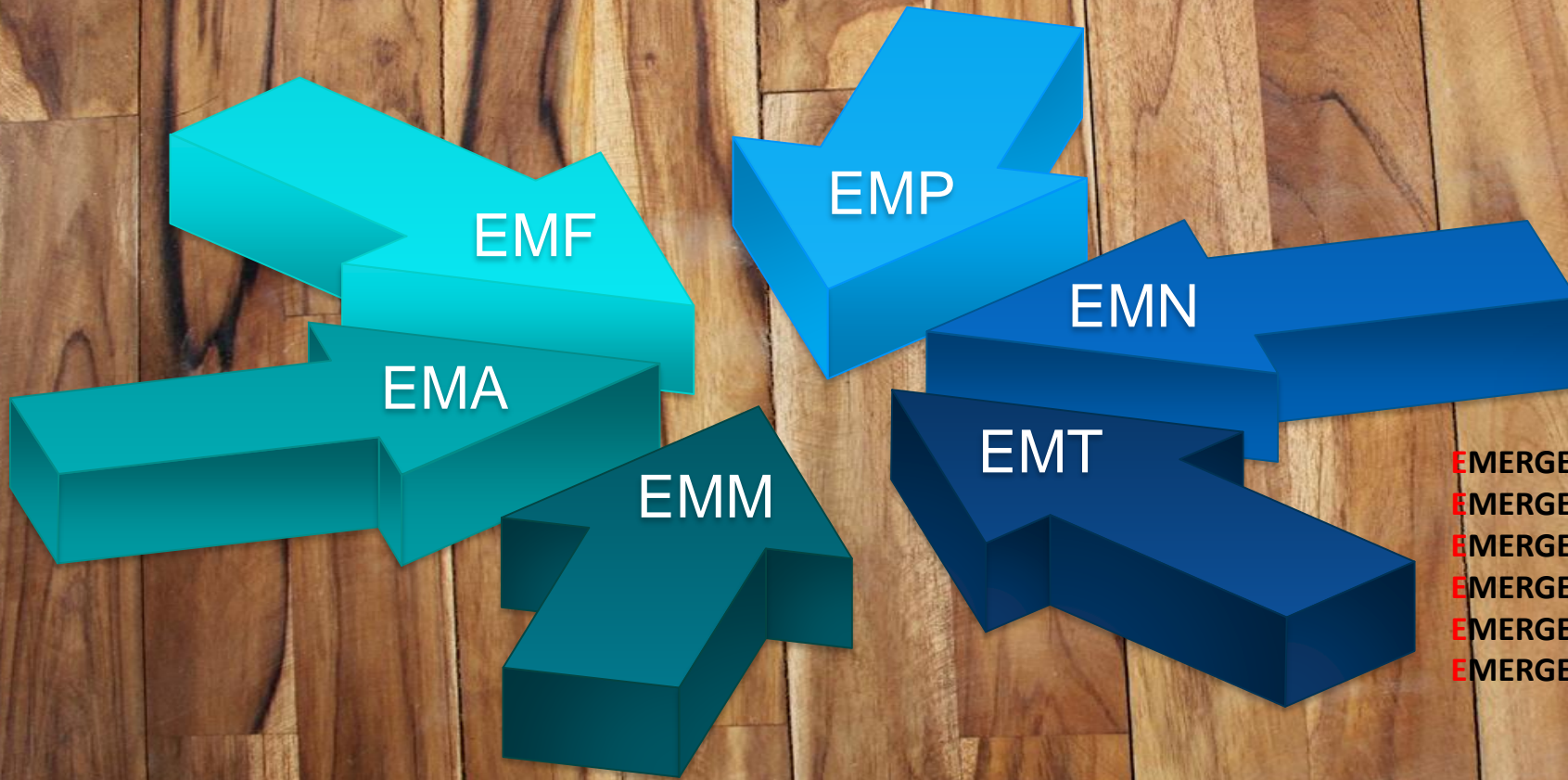


# PEOPLE



# ESF - 5

# PEOPLE



**E**MERGENCY MEDICINE PHYSICIANS  
**E**MERGENCY MEDICINE NURSES  
**E**MERGENCY MEDICAL TECHNICIANS  
**E**MERGENCY MEDICINE MANAGERS  
**E**MERGENCY MEDICINE ASSISTANTS  
**E**MERGENCY MEDICINE FRIENDS



EMF





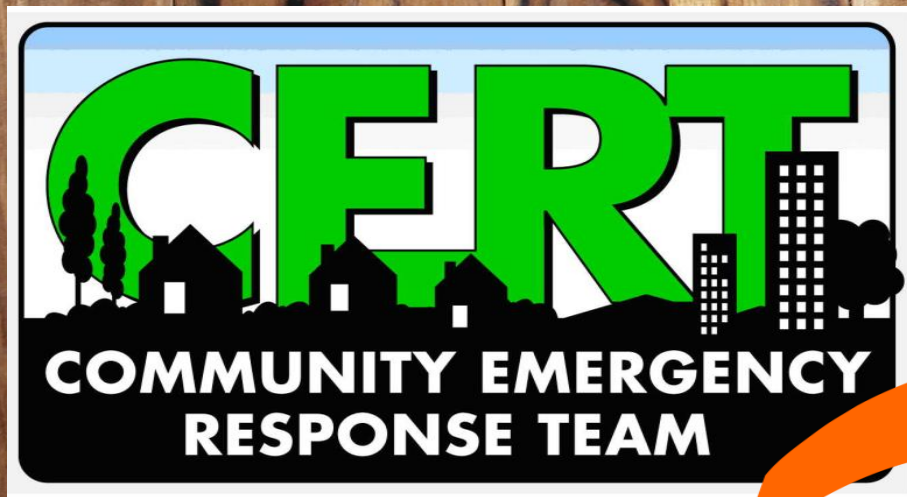
EMF





**COMMUNITY EMERGENCY  
RESPONSE TEAM**





COURSE REVIEW  
AND DISASTER  
SIMULATION

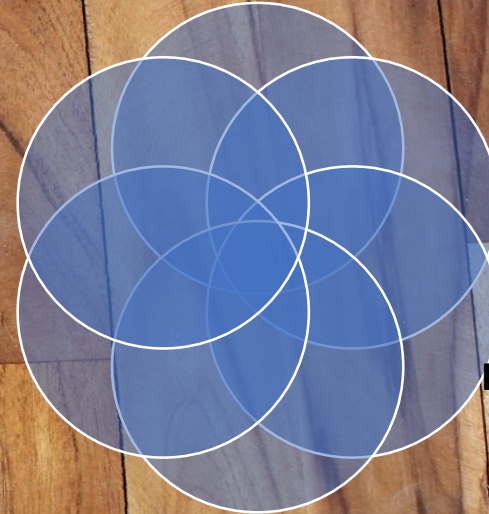
DISASTER  
PSYCHOLOGY AND  
TEAM  
ORGANIZATION

DISASTER  
PREPAREDNESS

DISASTER FIRE  
SUPPRESSION

DISASTER MEDICAL  
OPERATIONS

LIGHT SEARCH AND  
RESCUE  
OPERATIONS





**CEMEx** = Conducted in August 2011 in Chennai  
**GEMEx** = Conducted in November 2012 in Guwahati  
**DEMEx** = Conducted in December 2012, 2013 in Delhi  
**JEMEx** = Conducted in April 2013 in Jorhat  
**SiEMEx** = Conducted in December 2013 in Silchar  
**DiEMEx** = Conducted in February 2014 in Dibrugarh



# DEMEX - 2013



**MASS CASUALTY INCIDENTS IN INDIA**





## दुर्घटना वार्ड DISASTER WARD

- ☐ CREATION OF SURGE CAPACITY
- ☐ DISASTER STORE
- ☐ INCIDENT MANAGEMENT BOARD
- ☐ INTER AGENCY COORDINATION



# FUNDING IN VARIOUS PROJECTS

USD = 5596,000,000



Finance Commission	Period	Category	Amount (Rs.Cr)
Sixth FC	1973 – 1978	Famine Relief	50.70
Seventh FC	1978 – 1984	Margin Money	100.60
Eighth FC	1984 – 1988	Calamity Relief Fund	240.80
Ninth FC	1988 – 1994	Calamity Relief Fund	602.30
Tenth FC	1994 – 2000	Calamity Relief Fund	4728.20
Eleventh FC	2000 – 2005	Calamity Relief Fund	8255.70
Twelfth FC	2005 – 2010	Calamity Relief Fund	21333.00
Thirteenth FC	2010 - 2015	Disaster Response Fund	33581.00



# REHABILITATION RELATED ISSUES



- ☐ RECURRENT VISITS
- ☐ CHRONIC CARE
- ☐ COMORBID STATUS
- ☐ HEALTH – ECONOMY - SOCIETY





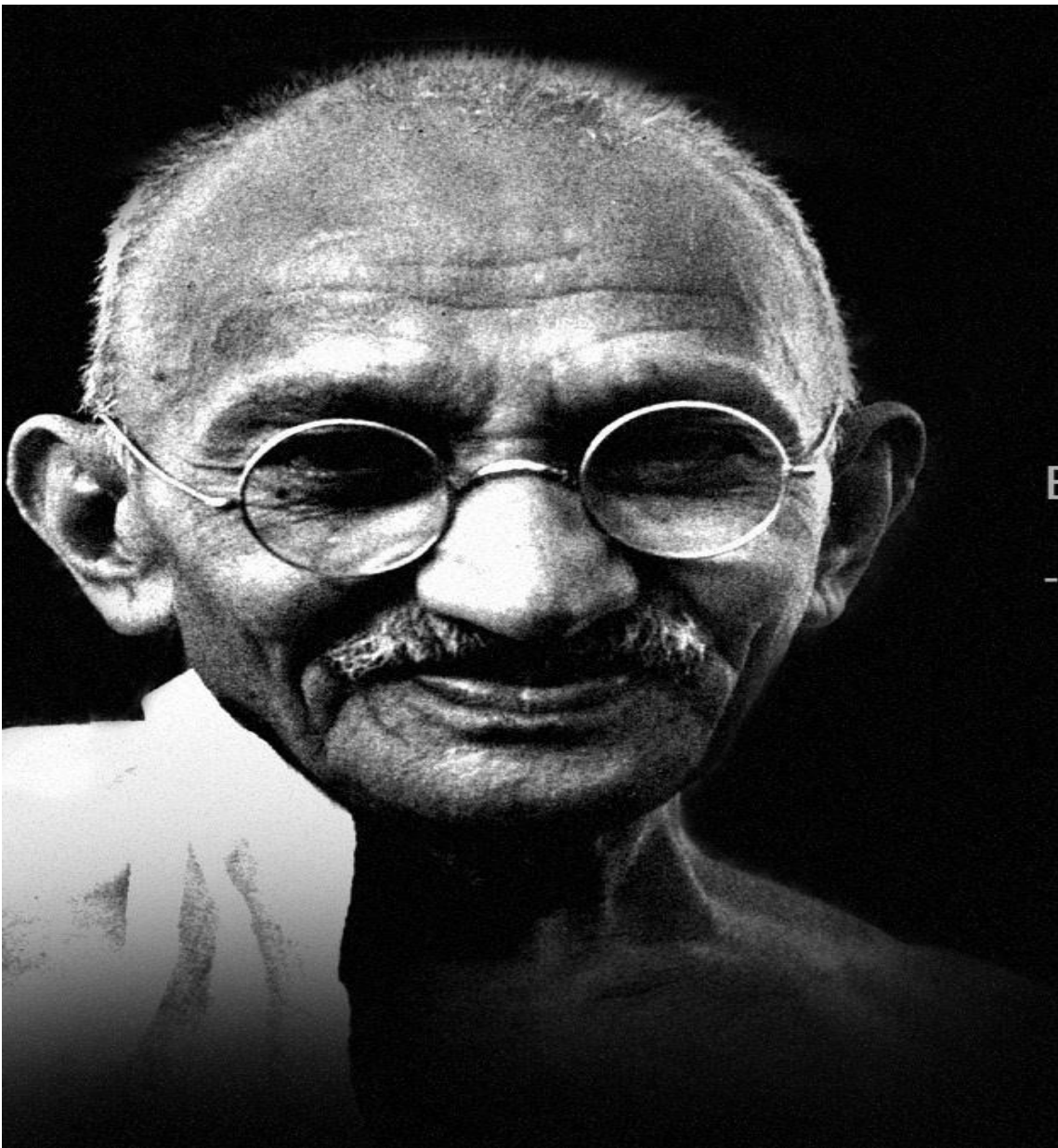
# WHAT

# NEXT?

# DM FELLOWSHIP!

**Together towards safer World**





Be the change you want to see in the World.

*-Mahatma Gandhi*





# You were listening from Dr. T.S.Srinath Kumar

Head & Group Coordinator, Narayana Hrudayalaya Ltd., Bangalore

President – Intercontinental Committee, EPAT

Recipient – distinguished Post Graduate teacher from DNB

Special Advisory Board member, DNB Emergency Medicine

email – [sriruturekha@yahoo.co.in](mailto:sriruturekha@yahoo.co.in)

**Emergency Medicine is my first choice – we will be the largest workforce in the world**