



The Kosovo Crisis: International Emergency Medicine on the Frontlines of Human Disaster

The events that unfolded this year in Kosovo resulted in an international disaster relief effort of which emergency medicine physicians and nurses played a pivotal role. A first hand account of emergency medicine's role in Kosovo and Albania will be given. The discussion will include the medical and public health challenges that currently exist in Kosovo and opportunities for emergency medicine physicians and nurses to help.

- Describe the scope of the medical and public health issues created by the Kosovo Crisis.
- Describe the roles played by emergency medicine physicians and nurses in Kosovo and Albania.
- Define current opportunities for emergency medicine physicians and nurses in working to help during international disaster situations.

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FACULTY

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The Kosovo Crisis
International Emergency Medicine on the
Frontlines of Human Disaster

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Course Description

- A first hand account of Emergency Medicine's role in Kosovo and Albania
- The medical and public health challenges that currently exist in Kosovo
- Current opportunities for EM physicians and nurses to help

Objectives

- Understand the scope of the medical issues created by the Kosovo Crisis
- Stages
 - Pre-Crisis
 - Crisis
 - Post-Crisis/Development
- Awareness of the roles played by EM MDs and RNs in Kosovo and Albania and current work opportunities

Pre-crisis: Kosovo

- Tito
- Milosevic
- 1989-1999: Human Rights Violations
- Parallel Medical Education System

Pre-Crisis Kosovo: 1999

- January: Racak Massacre
- February: Rambouillet package
- March 24: NATO bombing commences
- June 12: Agreement signed to end bombing
- NATO enters Kosovo with multinational Kosovo Force as Yugoslavian Army withdraws to Serbia

Crisis: Kosovo

- ~700,000 Albanian Kosovars remained in Kosovo
- Most did not leave their homes throughout the bombing (78 days)
- Survived on stockpiled food and water
- Continued human rights violations

Crisis: Medical Issues

- Principle of medical neutrality violated
- Physicians specifically targeted
- Physicians and patients expelled from hospitals
- Patients denied access to care

Crisis: Neighboring Countries

- 800,000 Kosovar Albanians deported
- Refugee--humanitarian emergency
- Albania
- Macedonia
- Montenegro
- Other

Crisis: Albania

- Majority of refugees: ~600,000
- Arrived by foot and by tractor
- Multiple delays prior to border crossing
- Families became separated
- Exhaustion
- Exposure
- Vulnerable People

Crisis: Kukes, Albania

- Mountain town in Northern Albania
- Pre-conflict population: 25,000
- Crisis: ~125,000
- The Wild West
- The International Community: UNHCR, NATO, NGOs

Crisis: Kukes, Albania

- Local resources overwhelmed
- Guest homes
- Refugee camps
- Collective centers
- Hospitals

Crisis: NGOs

- Food
- Water
- Shelter
- Clothing
- Sanitation
- Security
- Healthcare

Crisis: Medical NGOs

- MSF
- MDM
- IMC
- Others

Crisis: Medical NGO Work

- Mobile Clinics
- Refugee Camp Hospitals/Clinics
- Polyclinic
- Mobile Surgical Unit
- Kukes General Hospital

Crisis: Refugee Camp Hospitals

- Better equipped than the Albanian Hospitals
- Evacuation capability to Tirana University Hospital and Albanian Military Hospital
- Transportation issues
- Communication issues

Crisis: Polyclinic

- General Practice
- Pediatrics
- Cardiology
- Pharmacy
- Staffed by IMC Local and Ex-Pat Staff
- 500 patients/day

Crisis: Mobile Surgical Unit

- Urgent Care
- Border Work
- Plan: Cross-border activity if humanitarian corridor provided

Crisis: Diagnosis

- Psychological Response to Conflict
- Self-Limited problems
- Minor Infections
- Minor Trauma
- Management Chronic Disease
- Skin Disorders
- Diarrhea

Crisis: Diagnosis

- Tuberculosis
- Penetrating Trauma
- Landmine/explosive injury
- Sexual Assault
- Special Needs Cases

Crisis: Hospital

- Relationship Building
- Knowledge Sharing
- IMC Model:
 - Save Lives/Reduce Suffering
 - Avoid parallel systems
 - Sustainable self-reliance
- Hospital: overwhelmed, unprepared, corrupt individuals

Crisis: Hospital Interventions

- Signage
- Triage Desk
- Vital Signs
- Prompt Evaluation
- Management Plan
- Library

Crisis: Hospital Overcrowded

- Nowhere to send the fragile elderly and disabled after acute problem resolved
- Separated from family
- Solution: Nursing Home

Crisis: Nursing Home Project

- IMC and UAE joint project
- UAE: Refugee camp, hospital, and funding
- IMC: Concept, planning, implementation
- 6 Tents, 12 patients per tent
- Staffed by Kosovar nurses from refugee population

Crisis: Nursing Home Project

- Operational 5 days after idea conceived
- After 15 days of operation reunited 10% of patients with their families
- Decompressed the Kukes General and UAE Camp Hospitals
- The patients were happy
- Post-Crisis: Reunification

Post-Crisis: Kosovo

- Food
- Water
- Shelter
- Clothing
- Sanitation
- Security
- Healthcare
- Challenge: Winter

Post-Crisis: Kosovo

- Kosovars who remained in Kosovo throughout the bombing
- Returning Kosovar Refugees
- Government: UNMIK
- Security: NATO
- Crisis vs. Development work: NGOs

Post-Crisis: Medical Challenges

- Public Health: Food, Water, Sanitation
- Rebuilding: Housing and Medical Facilities
- Infectious Disease
- Psychosocial
- Maternal Child Health
- Primary Care
- Medical Training

Emergency Medicine

- Pre-crisis: No EM Specialty
 - Urgence and Urgence Specialty
- Pre-crisis: No Emergency Departments
 - Multiple Hospital Receiving Areas
- Pre-crisis: No EMS system
 - Pre-hospital transport system

Emergency Medicine

- Post-crisis: huge interest in Kosovo regarding USA style EM
- 6 Acute Care Hospitals: all want an ED
 - Functioning: 1
 - Near Readiness: 1
 - Planning: 2
 - Desire Consultation: 2

Emergency Medicine

- Prishtina University Hospital: Tertiary Facility and Teaching Hospital
- Emergency Department
- Volunteer Attendings and Lecturers
- Establishment of new specialty of EM

Emergency Medical Services

- IMC funded for EMS project by OFDA and DFID
- 8 ambulances
- Skills upgrade
- System development

Emergency Medical Services

- National Health Policy on EMS
- Model EMS System in our area of responsibility (~ 1/3 of Kosovo)

National Health Policy on EMS

- Document prepared for the World Health Organization
- Component of the national health policy document for the whole health care system
- Kosovo Health Annual Care Budget: ~ \$45 million (World Bank)

National Health Policy on EMS

- Build on strengths of existing system. Avoid building new systems
- Improve communications
- Provide training
- Upgrade equipment
- Alter ambulance destination
- Provide access to all people
- Keep system financially sustainable

Model EMS System

- Assessment of current ambulance service
- Written plan
- Recruitment of local leaders: doctors, nurses, drivers, radio dispatchers
- Intensive training
- Logistics
- Communications
- Procurement

Model EMS System

- Deployment
- Local training
- Forms
- CQI
- Logistics
- Supervision
- Self-sustaining system

EMS System: Current goals

- Integrated Communication Plan
 - Pre-hospital medicine, Fire, Police, KFOR
- 50 ambulance system for Kosovo
 - Based on population and outpatient L&D service

Conclusion

- Emergency Medicine physicians and nurses played important roles during the Kosovo crisis and development phases
- Current opportunities exist in crisis and development international emergency medicine

Suggested Reading

- War Crimes in Kosovo, Physicians for Human Rights, 1999
- [A Short History of Kosovo](#), Noel Malcom
- www.imc-la.org—International Medical Corp website
