



Florida, says the training is vital. In 1983, Frykberg was in a mobile military surgical team aboard the *USS Iwo Jima* off the coast of Lebanon when Shi'ite suicide bombers rammed a truck full of explosives into the marine barracks in Beirut, killing 299 French and American soldiers and injuring 75. "I was a year out of training. There were only six of us that took care of 65 casualties inside six hours. We sat back and realised: we don't know this stuff. This is totally different. We don't learn it in medical school. It wasn't in residency training," says Frykberg.

He says the Israelis are years ahead of most other countries because they have learned that in a major emergency, hospitals cannot cope with a sudden influx of critical patients simply by speeding up regular procedures. "I see 450 trauma patients a month and we do a very good job of taking sometimes two, three, four at a time on a busy Saturday night. Sometimes 10," says Frykberg. "But suppose all those 450 patients suddenly showed up at your door within an hour? That's a whole different ball game." — (M)



Dream team —Israel

Preface

Israel's National Search and Rescue Unit, made up entirely of volunteers, is always one of the first teams to arrive in major disasters, including the earthquake in Haiti.

WRITER
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Israel's expertise in responding to terrorist attacks means it is also among the best in the world at providing rapid relief after natural disasters. Its National Search & Rescue Unit – part of Israeli Defence Force – was one of the first to reach Haiti within days of the earthquake in January. And the field hospital they set up there – capable of treating 500 patients a day, was dubbed by the international media "the Rolls-Royce of all field hospitals".

The unit is made up of several hundred elite reserve soldiers, around 100 of whom are on standby at any one time, to respond to a disaster in just three hours. Their equipment – jackleg drills, hydraulic cutters and concrete-cutting disc saws – sits permanently at Ben Gurion international airport, ready to be loaded on the first plane available when needed.

On the ground, the basic unit comprises a doctor specialising in disaster medicine, who sets the priorities; an engineer who decides how to carry them out; and some rescue workers. In large operations, these are accompanied by logistics forces, security forces, dog handlers and population aid experts.

In Haiti, it set up a field hospital including a pharmacy, a children's ward, a radiology department, an intensive care unit, an emergency room, two operating rooms, a surgical department, an internal department and a maternity ward.

During its almost three-decade existence, the unit has been deployed to major crisis zones, including the earthquake in Turkey in 1999, the car bomb explosion at the US Embassy in Kenya in 1998 and the earthquake in Armenia in 1988. The only thing that prevents Israel's emergency teams from getting to disaster zones is politics – they do not travel to Arab countries that do not have relations with Israel.

Deputy commander of the unit Lieutenant Colonel Amir Golan says that speed is key. "American or French units might be much larger or even better equipped," he says, "but logistics and procedure can delay them. We know from experience that 90 per cent of the survivors from an earthquake would be rescued in the first 24 hours, so we get on a plane first and only afterwards think about where we will spend the night and what we will eat." Unlike many, his unit does not lose precious time waiting for an assessment team to advise on things like location and food.

The volunteers who make up the unit go on a one-month basic rescue course, but full training takes up to a year. Most of them have civilian jobs in related fields such as medicine, but not all (Golan works for a phosphate mine). They are not paid for their services. The Israeli army calculates a day rate for each volunteer based on their income in their ordinary job. It then pays that to the employer in return for releasing their staff for duty. — (M)