

and community levels, support to community-based low-cost technology, promotion and development of human resources and integration disaster management components into development policies and empower the people to face the challenges of disasters.

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(P1-7) Disasters and Implications for Changes in Vulnerability: A Case Study of Vavaniya Village Affected by the 2001 Gujarat Earthquake

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Disasters tend to exacerbate and bring to surface the socio-economic, political, environmental vulnerabilities of the different sections of a community and thus, are seen as opportunities for reduction of vulnerability. In a post-disaster recovery program, organizations often come together in an effort to create safe conditions, reduce pressures and address root causes. These programs, at times, may further strengthen the existing vulnerabilities, thereby making some groups of the community better off than the others. Vulnerability is a dynamic process and no individual is completely vulnerable or resilient. Root causes, dynamic pressures and unsafe conditions also change with time and depends on the context of analysis. This study examines changes in vulnerability after intervention by organizations using a case study of one of the villages affected by the 2001 Gujarat Earthquake. The case study of the village gives an insight into the intra-societal vulnerabilities and how these vulnerabilities change with time. The study is qualitative in nature and has used purposive sampling technique to collect data. Data analysis was done using inductive coding methods. The study is of practical significance for the local authorities to understand peoples' perception of their vulnerabilities and ways to decrease them. It also adds to the body of knowledge by understanding vulnerability and resilience as social processes and offer lessons for future recovery processes.

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(P1-8) The Port-Au-Prince 2010 Earthquake - Unique Lessons Learned by Florida One Disaster Medical Assistance Team (FL1 DMAT) in the First International Dmat Deployment

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Introduction: The devastating Haiti earthquake of January 10, 2010 resulted in 250,000 dead, more than 300,000 wounded and at least 1.3 million displaced. As the poorest nation in the Western Hemisphere, life in Haiti was already fraught with poverty and one of the highest HIV rates in the world. After the earthquake, life in Haiti became intolerable. As Chief Medical Officer of Florida One DMAT, the author helped to coordinate medical relief operations at the US Embassy in Port-au-Prince beginning within 60 hours of the earthquake. The author and his FL1 DMAT team supported medical relief operations not only at the US Embassy but also at the Toussaint L'Ouverture International Airport for air evacuation of survivors to Miami

and at Terminal Varreux for coordination of ingress/egress casualty operations for the USNS Comfort hospital ship.

Results: Unique lessons were learned in this first ever deployment of US DMATs on foreign soil. The presentation will describe the medical operations, the triage process, the challenges of operating on foreign soil, and the results of the relief efforts. Recommendations will be offered to facilitate future international DMAT deployments including development of Standard Operating Procedures (SOPs) for DMAT international deployments and increased coordination between the US Department of State (who have jurisdiction over US assets on foreign soil) and the US Department of Health & Human Services (who are the coordinating governmental department for DMAT operations).

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(P1-9) Multinational Disaster Response Exercise: Critical Look and Lessons Learned

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Introduction: International collaboration for disaster response is an increasing phenomenon. Japan-United States joint field exercises have been conducted annually since 2004, triggered by an incident in which a US helicopter crashed into a university campus in Okinawa, Japan. The fifth Japan-US disaster field exercise was conducted testing the disaster response of the Okinawa government and US military.

Methods: The simulated exercise involved a US Navy aircraft that crashed into a city center in Okinawa, Japan. There were 16 simulated casualties that included US military members and Japanese citizens. The participants in this exercise were US military members, including the Disaster Assistance Response Team (DART) and local rescue and medical teams including the Okinawa Disaster Medical Assistance Team (DMAT). Data were gathered from the joint debriefing session held by both medical teams. Furthermore, interviews with team leaders from both nations were conducted and feedback obtained.

Results: Lack of communication and inaccurate communication remained the root of most problems encountered. There were several miscommunications at the scene due to the language barrier and ignorance of different medical teams' capability and method of practice. Due to the unclear signage of the initial triage zone, another triage zone was developed later by a second medical team. Confusion regarding gathering information and order of transport also was witnessed. The capabilities of team members were not well known between teams, resulting in inappropriate expectations and difficulty in effective cooperation.

Conclusions: Understanding the systems and backgrounds of each medical team is essential. Signs or symbols of key elements including triage areas should be clear, universal, and multi-lingual. Communication remains the Achilles' heel of multinational disaster response activities.

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