

Evacuation of Swedes from Lebanon 2006

Studies by observers in connection with
the war in Lebanon in summer 2006

Kamedo report 92

Kamedo (the Swedish Disaster Medicine Study Organisation) has existed since 1964. The committee started its activities under the auspices of the Swedish Research Delegation for Defence Medicine. In 1974 Kamedo was transferred to FOA (the Swedish Defence Research Establishment), now called FOI (the Swedish Defence Research Agency). Kamedo has been affiliated with the National Board of Health and Welfare since 1988.

The main commission of Kamedo is to send expert observers to places in the world affected by large-scale accidents or disasters. The observers are sent to disaster areas at short notice and collect relevant information by contacting doctors and other colleagues. The information they obtain may only be used for scientific purposes. There are four main areas which are studied first and foremost: the medical, psychological, organisational and social aspects of disasters.

Results from the studies are published in Kamedo reports. Since 1979 (report 34) they have a summary in English, which is only presented on the Kamedo website (www.socialstyrelsen.se/Amnesord/krisberedskap/specnavigation/Sakomraden/KAMEDO/Kamedo_rapporter.htm).

The general guidelines for Kamedo activities were determined by the committee, which met two to three times a year. Work in progress was mainly carried out by the two scientific secretaries, who were affiliated to Kamedo on a consultancy basis until 2007.

The chairman of Kamedo until 2006 was Professor Bertil Hamberger, Karolinska Institutet, Stockholm, and the two secretaries were Louis Riddez, reader and senior consultant at the Department of Surgery at Karolinska Hospital in Stockholm, and Helge Brändström, senior consultant at the Department of Anaesthesiology and Intensive Care at the Norrland University Hospital in Umeå. Other members came from the National Board of Health and Welfare, Stockholm Fire Department, Headquarters of the Defence Forces, the Swedish National Defence College (Crismart), the Prehospital and Disaster Medicine Centre in Västra Götaland region, Uppsala University Hospital and Stockholm County Council Health Authorities.

On 1 January 2007, Kamedo became more closely affiliated to the National Board of Health and Welfare after it underwent reorganisation. The two scientific secretaries were replaced by an expert at the National Board of Health and Welfare. The committee was replaced by an internal steering group at the National Board of Health and Welfare and a reference group with representatives from some of the National Board of Health and Welfare centres for research and development within the area of emergency preparedness, the joint authority needs assessment group for international actions, Crisis Management Research and Training (Crismart), the Swedish Emergency Management Agency (SEMA), the Red Cross and one of the previous scientific secretaries.

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Preface

During the summer 2006 war broke out between Israel and Hizbollah. This led to the most extensive evacuation ever undertaken of Swedish residents. Over 8,400 people in total were evacuated from the war in Lebanon. The then foreign minister pointed out after the evacuation that Sweden had received very good reviews internationally for the measures taken.

As a result of the tsunami disaster in south-east Asia in December 2004, a number of Swedish authorities were given the task of preparing, or producing proposals for how they needed to prepare, to be able to help people with Swedish residence in the eventuality of a crisis abroad. Sweden was able to carry out this extensive evacuation thanks to the knowledge and experience acquired or in the process of acquisition at the Ministry for Foreign Affairs, the Swedish Rescue Services Agency, the National Police Board and the National Board of Health and Welfare.

This Kamedo report supplements several points raised in the Kamedo report compiled after the 2004 Asian tsunami disaster (Kamedo 91) and certain of the preparations and measures carried out since 2004 were tested in the evacuation from Lebanon and are to some extent evaluated in this report.

In this Kamedo report the studies have focused on the evacuation of Swedes, with particular attention being paid to the areas of activity of the National Board of Health and Welfare. In total the National Board of Health and Welfare engaged 77 people in the direct evacuation work. The activities of different authorities are presented both in the running report and separately, which has resulted in some repetition but it may be of interest to present the collected activities of each authority.

The report is mainly compiled from material sent in and reported from players involved. Per Kulling and Susannah Sigurdsson, who both work at the National Board of Health and Welfare, have processed and compiled the material. The previous chairman of Kamedo, Bertil Hamberger of the Karolinska Institute, was the external reviewer.

The report is primarily aimed at people who work with medical and psychosocial care in the event of large-scale accidents and disasters, training managers and preparedness coordinators in county councils and municipalities, and at authorities, committees and associations that have an interest in disaster management.

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Abbreviations

LFV	The Swedish civil aviation administration
MFA	The Ministry for Foreign Affairs
NBHW	The National Board of Health and Welfare
NCID	The National Criminal Investigation Department
NPB	The National Police Board
ÖCC	Östergötland County Council
PKL	Psychiatric Crisis Administration group in county councils intended to lead and coordinate psychiatric and psychosocial care
PKMC	Prehospital Disaster Medical Centre
POSOM	Group working at the municipal level, intended to lead and coordinate the psychological and social care of victims, relatives and personnel in serious events
RBL	Regional Physician for Emergencies
RMKL	Regional Medical Emergency Administration
RTiB	Regional official on call
SCC	Stockholm County Council
SNAM	The Swedish National Air Medevac
SRSA	The Swedish Rescue Services Agency
SRT	The Swedish Response Team
TiB	Official on call
UCC	Uppsala County Council
UNIFIL	UN Interim Force in Lebanon
VCC	Västerbotten County Council
VGR	Västra Götaland Region

Key words

Air evacuation
Ambulance aircraft
Emergency preparedness
Disaster
Disaster preparedness
Evacuation
Feedback of experience
Kamedo
Observer studies
Sea evacuation
SNAM Swedish National Air Medevac

Summary and experience

Summary

Hazard (Risks, Threats and Vulnerability)

Relations in the Middle East have been tense for many years, including those between Israel and groups in Lebanon. There is an almost constant risk of terrorist acts or the outbreak of war in the region. A large-scale armed conflict between Hizbollah and Israel was triggered on 12 July 2006 and lasted for 34 days.

At the time of the conflict there were many foreign citizens in Lebanon, among them a large number of Swedish citizens and others living in Sweden.

Background, Including Preparedness

Experience from the 2004 tsunami disaster in south-east Asia indicated that Sweden needed to be more prepared in several areas and at most levels in society in order to better handle events abroad that could affect many people living in Sweden. The Ministry for Foreign Affairs, the National Police Board, the Swedish Rescue Services Agency and the National Board of Health and Welfare have in different ways prepared for a similar event, both individually and jointly. Among other things, a joint response team (the Swedish Response Team, SRT) has been established by the Swedish Rescue Services Agency which will operate across authorities. The SRT consists of an assessment team that can leave for a disaster area within six hours of a decision to assess the need for possible action, and support teams with emergency services personnel that can leave for the disaster area within 12 hours of a decision.

The Church of Sweden has extensive emergency preparedness, both nationally and internationally.

There is preparedness for disaster medicine in the county councils, and in the three municipalities with major airports preparedness is linked with the major airports and their preparedness (Swedish Civil Aviation Administration) in close cooperation with each county council.

Events

On 12 July 2006 eight Israeli soldiers were killed and two taken prisoner by Hizbollah in conjunction with an attack over the Israeli-Lebanese border. This led to extensive countermeasures by the Israelis and a large-scale armed conflict broke out between Hizbollah and Israel. The conflict continued for 34 days.

The runway at Beirut airport was bombed during the first days and a blockade of Lebanese airspace and territorial waters was introduced. Israeli air attacks were gradually extended, and practically the whole of Lebanon was attacked. Large parts of the country's infrastructure were destroyed,

thus rendering the evacuation of foreign citizens, which had been initiated a few days after the outbreak of war, more difficult.

Damage

The war caused many houses, especially in the southern parts of Lebanon, to be destroyed. Safety in southern Lebanon and in the southern parts of Beirut was poor, and from time to time virtually non-existent.

Disturbances

It was difficult or impossible to live a normal life and earn a living.

It transpired that just over 8,400 people with residence in Sweden were in Lebanon. At times many people gathered at the Swedish embassy in Beirut, where there was a state of chaos. There arose a great need of evacuation of people with their residence in Sweden from Beirut and other areas.

The evacuation mainly went to Damascus in Syria and to Larnaca on Cyprus for onward transportation to Sweden. In Damascus, and to an even greater extent Cyprus, the conditions were chaotic at times.

Evacuation flights arrived at the three major airports of Sweden: Arlanda airport in Sigtuna municipality, Landvetter in Härryda municipality and Malmö airport in Svedala municipality. Many people gathered at the airports and needed help with onward transportation to other municipalities since that was where they lived or wished to go for other reasons. Many of them lacked true residence in Sweden since they had returned to Lebanon many years previously and no longer had a home in Sweden.

Responses

(Refer also to the Appendix, which includes tables giving a chronological perspective of some important parts of the sequence of events and measures that were taken.)

Crisis management in Sweden

The development of events in Lebanon in July 2006 caused the evacuation of a large number of people with their residence in Sweden. As well as problems with the coordination and transportation of such a large number of people within an extremely limited time period, the work was complicated by damage to infrastructure; airports and land routes within Lebanon and to Syria, had been bombed. In addition, the situation arose during the peak of the holiday season. The Ministry for Foreign Affairs evacuated approximately 8,400 people between 16 July and 16 August in cooperation with the Swedish Response Team and other players. The evacuation was carried out with the aid of 53 chartered flights, three ships (that made seven journeys) and approximately 15 buses.

On Thursday 13 July more and more people started to contact the Ministry for Foreign Affairs' telephone switchboard and the consular unit called in the consular emergency unit to respond to telephone calls. The Ministry for Foreign Affairs' Emergency Management Group was called in on 14 July, and this group operated on a daily basis until 31 July. On Friday

14 July the Swedish Rescue Services Agency decided as a first measure to send an eight-man assessment team with representatives from the Swedish Rescue Services Agency, the National Board of Health and Welfare and the National Police Board to Cyprus. It was there that the majority of fleeing people were being sent, for onward transportation home to Sweden. The assessment team also judged the need for reinforcements in the area. On the same day, an emergency management staff was established at the National Board of Health and Welfare. Personnel from this staff participated in all meetings that were held by the emergency group at the Ministry for Foreign Affairs. The medical incident commander of the emergency management staff informed the three major city regions' TiBs – officials on call – about the situation. A list was also drawn up of available personnel with suitable training for foreign missions.

The Swedish Rescue Services Agency decided, on commission from the Ministry for Foreign Affairs, to fully activate the Swedish Response Team as a complement to the Ministry for Foreign Affairs personnel already in place. Initially there were 55 people from all cooperating organisations (the Swedish Rescue Services Agency, the National Board of Health and Welfare and the National Police Board), and the SRT was to have its base on Cyprus.

Evacuation Work 16 July – 16 August

The evacuation started in earnest on 16 July. Personnel from the Ministry for Foreign Affairs and the Swedish Rescue Services Agency were flown to Aleppo in northern Syria to prepare for the reception for those who would be evacuated by bus. The eight personnel from the assessment team arrived on Cyprus. One of the doctors chose to travel on to Beirut after a request from the Ministry for Foreign Affairs, and arrived there the following day. On the same day as the assessment team arrived on Cyprus, the other parts of the SRT also arrived and the Swedish Rescue Services Agency established its staff on the island with good support from the Cypriot civil defence. Personnel already in place at Aleppo received reinforcements of 11 people from the support team of the Swedish Rescue Services Agency.

The National Board of Health and Welfare had then been put into reinforcement status and the work with recruitment of personnel continued after signals from the Ministry for Foreign Affairs that this would probably be a long-term commission. The National Board of Health and Welfare was responsible for receiving evacuees in Sweden. Västra Götaland Region was given the task of collecting patient information to be forwarded to the correct medical care principal and to plan for possible secondary transportation.

Region Skåne, Stockholm County Council and Västra Götaland Region strengthened their disaster management organisations and prepared to mobilise personnel for the Swedish Response Team (SRT). In close cooperation with each municipality (Svedala, Sigtuna and Härryda), reception at the three major airports was also prepared. From Tuesday 18 July, work was concentrated on evacuating Swedes by ship to Cyprus, but many people travelled independently to Damascus in Syria.

All Swedes who were evacuated to Damascus and Cyprus continued to Sweden using either regular or chartered flights. On Monday 17 July the first flight with evacuees landed at Arlanda airport. Starting with the second

chartered aircraft, most aircraft were provided with medical personnel mainly from the Swedish National Air Medevac (SNAM).

The last meeting of the emergency group was held on 31 July, the same day that the final chartered aircraft took off from Cyprus. Subsequently all work was carried out within the ordinary operations of the Ministry for Foreign Affairs, and on 16 August the evacuation work was completely finished.

Evacuation Work in Place

The central staff of the SRT was established on Cyprus, where the majority of evacuees arrived by ship before they were flown home to Sweden. Personnel from the SRT, from the Ministry for Foreign Affairs and embassy employees were also on the ground in Aleppo and Damascus in Syria, Mersin in Turkey and in Beirut.

Initially it was the person appointed medical care coordinator by the medical personnel on Cyprus who was given the commission of coordinating all actions to be taken. When operations expanded, a common decision was taken that the medical care coordinator on Cyprus would also be responsible for Lebanon and Cyprus, while operations in Turkey and Syria would be coordinated by the National Board of Health and Welfare in Stockholm.

Lebanon

On Thursday 13 July a Ministry for Foreign Affairs official, who was on holiday in Lebanon during the initial stages of the crisis, took over the management of the consulate-general in Beirut. Thanks to this, work in organising the first evacuation transportation started at an early stage.

On Sunday 16 July the evacuation by bus was started that came to transport a total of about 1,100 people out of Lebanon. Most of them were evacuated during the first day.

On Monday 17 July about 15 people came from Sweden as reinforcements. The doctor from the assessment team who had initially been sent to Cyprus, but after a strong request from the Ministry for Foreign Affairs had chosen to travel on to Beirut, arrived there on Monday and stayed there on commission of the National Board of Health and Welfare.

From Tuesday 18 July evacuation took place mainly by sea and primarily to Cyprus; evacuation by road to Syria continued but to a lesser degree than during the first days as the buses were needed instead for transportation from hotels to the harbour in Beirut.

The doctor's presence in Beirut was perceived as extremely valuable, even though the number of medical measures was limited. Through his presence alone, the doctor had a calming effect on those who were fleeing the country as well as the team working with the evacuation. In addition, the doctor could deal with the medical and psychological problems that were difficult for others to assess, and could also make a medical assessment of whether patients could undertake a long and strenuous journey.

On 25 July, after ten days of intensive work, almost 7,500 people had been successfully evacuated, which was the majority of those who wished to receive help in getting to Sweden.

Syria

Initially the only road out of Lebanon was through Syria. Since the major roads from Beirut to Damascus had been bombed, the alternative was to transport evacuees by road to Aleppo and from there to fly home to Sweden. After Sunday, the road to Damascus was opened again so that evacuation work could be organised using that route instead.

Aleppo

On Sunday 16 July, personnel were flown from the Ministry for Foreign Affairs and the Swedish Rescue Services Agency to Aleppo. During the first 24 hours approximately 750 evacuees left on chartered buses, in addition to those who had been able to leave Lebanon by their own means. After Tuesday 18 July there were certainly some evacuees that continued to go to Aleppo, but considerably fewer than previously. For that reason some of the personnel were moved to Damascus, where more people started to arrive after the road to there was once again passable.

Damascus

During the first days of the evacuation, work was carried out with meager resources. Embassy personnel had to work hard and a large part of their time was spent drawing up manifests and helping people with their passport documents.

On Wednesday 19 July badly needed reinforcements arrived from Aleppo. After 23 July Damascus was almost completely empty of Swedes, but evacuation work continued with registration, passport controls, transportation help and so on. Fewer people needed help now and the situation was more manageable. After 26 July, manning levels were gradually decreased and on Monday 7 August the last medical personnel went home.

Cyprus

On Sunday 16 July the Swedish Rescue Services Agency assessment team, together with people from the Ministry for Foreign Affairs, flew to Cyprus to prepare the evacuation from Lebanon. They also made an assessment on whether there was a need for reinforcements. Soon afterwards the other parts of the SRT arrived on Cyprus. The majority of evacuees travelled via Cyprus and then flew onward to Sweden. At most, the staff had over 40 personnel at their disposal and received good support from the Cypriot civil defence, which lent them small but functional premises for their work.

After Monday 17 July the Swedish personnel were responsible for coordinating the reception of other EU countries' citizens, since the Swedish personnel were first in place in Larnaca.

The need for medical care was small but various kinds of medical assessments were required the whole time.

On the night of 19 July a huge number of evacuees started arriving on Cyprus, and during the next 72 hours the figure reached about 4,000.

On Wednesday 19 July air transportation from Larnaca to Sweden started up. During the time period 19–23 July, more than 20 flights were made from Larnaca to Sweden, mostly to Arlanda, but also to Landvetter and Malmö. The work in receiving the evacuees in the harbours, transporting them

between harbours, assembly points and airports and then organising all the flights home from the airports continued virtually non-stop during these days.

On Friday 21 July more than 1,000 Swedes were evacuated in 24 hours. The situation was particularly chaotic at the airport, where the personnel force at one point consisted of four to five people who were dealing with 750 frustrated Swedes, along with all the others who were there at the same time. Reinforcements arrived in due course in the form of Swedish police, Ministry for Foreign Affairs officials, people from the church and others from the staff unit.

Also after 23 July evacuees continued to arrive on Cyprus, but not in the same numbers as previously. In the night before Tuesday 25 July two aircraft took off with evacuees, this time from Pafos, and on Tuesday evening two aircraft left with Swedes from there. After that there were a few isolated flights home to Sweden from Cyprus every day, and the operation was then gradually scaled down.

Flights to Sweden

Already on Monday 17 July the first planes with evacuees arrived at Arlanda airport. On Tuesday 18 July the staff of the Swedish National Board of Health and Welfare heard that there were cases of illness among the evacuees onboard the aircraft. For this reason the evacuation aircraft were backed up with medical personnel from SNAM (Swedish National Air Medevac). Västerbotten county council was responsible for medical staff specially trained for aviation situations being present on aircraft returning home. Medical staff from SNAM manned 24 of the 53 aircraft chartered by the Ministry for Foreign Affairs. Medical personnel were present on a further ten aircraft, partly personnel from Region Skåne, and partly medical personnel who were on the way home from the SRT.

The medical measures that arose consisted mainly of giving painkilling tablets, in a few cases tranquillizers, inhalers for anti-asthma medicine, intravenous drips and analgesic injections.

The aeromedical measures were led by command and control groups at Arlanda airport and in Umeå.

Experience

The Swedish authorities – primarily the Ministry for Foreign Affairs, the Swedish Rescue Services Agency, the National Police Board and the National Board of Health and Welfare – were prepared for an event of the type that now occurred. Among other factors, this was a result of experience from the work during the 2004 Asian tsunami disaster. Another contributing factor was working with the government commission to look over preparedness for a situation in which many people living in Sweden could be affected by a disaster abroad, and the preparations which were made in conjunction with this commission.

Management

- The allocation of responsibility between the Ministry for Foreign Affairs, the National Police Board, the Swedish Rescue Services

Agency and the National Board of Health and Welfare needs to be made more explicit.

- It is important to establish a coordination staff to work between the authorities involved both in Sweden and abroad.
- All personnel who are sent on missions abroad must be well prepared and trained for that type of mission.
- Written descriptions need to be produced for the commissions and for the different officials, in which the role of medical care coordinator in particular needs to be clearly described.
- Guidelines, procedures and lines of communication need to be drawn up for handling the registration of injured and sick people, as well as lists of personal data, passengers, flights and so on.
- It must be possible to initiate telephone conferences with all players involved at short notice.
- It is important that medical care operations are led and coordinated by the National Board of Health and Welfare which must have clear and direct contacts with the medical management in place.
- The situation is facilitated if every official only reports to one authority.
- Clear and reliable information creates a secure and safe work situation and prevents rumours being spread.
- Communication equipment must work, and different systems must be available for key persons (mobile telephones, satellite telephones and in certain cases VHF radio).

Medical Care in Place

- In order to evacuate efficiently, a reconnaissance team is needed in strategic places, such as at evacuation airports.
- In the first phase it is necessary to send more personnel than originally estimated. The need is often greater than it seems initially, and it is difficult to recover from a deficit that is already a fact. The objective must be that there are sufficient personnel to permit regular rest and relief.
- Medical personnel need to be present during all operations abroad, even if purely medical problems are expected to be small. Other operational personnel are relieved of the medical responsibility which personnel may experience as a great burden. Having Swedish medical personnel present is a security factor for the victims as well as for the emergency services personnel.
- Crisis support and psychosocial support is required in all situations and it is important to take into consideration the special requirements of children.
- In cases of air evacuation, personnel trained in aviation medicine should be present. They can take care of medical needs that arise and make medical assessments before the flights home, as well as helping during the flight itself. It is good to use SNAM personnel even for tasks that are not explicitly SNAM commissions.

- Emergency equipment needs to be supplemented with oral medication (including analgesics) as well as medication used for more chronic illnesses.
- All Swedish personnel must wear clear ID badges. ID badges must have text in English and a Swedish nationality designation. The badge must also contain information regarding the authority and organisation to which the person belongs.

Reception at Airports

- It is important to decide in advance who has the organisational responsibility and who has the financial responsibility for receiving people at airports in operations of this type in an acute situation.
- In general, the organisation for how people are received at airports must be improved and trained.

County Councils and Municipalities

- All county councils/regions should have an official on call (TiB). It is important that the official on call can be reached within two hours of an alarm.
- Having an official on call at the municipal level facilitates communication in the emergency phase of an event.
- It is important that the municipalities with major airports are prepared for an event similar to the evacuation from Lebanon.

Introduction

The war between Israel and Hizbollah that broke out during the summer 2006 resulted in Sweden carrying out the most extensive evacuation ever of people with Swedish residence. Over 8,400 people in total were evacuated from the war in Lebanon to Sweden. The evacuation took place mostly via Cyprus, but also via Syria and Turkey. The then foreign minister pointed out after the evacuation that Sweden had received very good reviews internationally for the measures it took.

Since the tsunami disaster in south-east Asia in December 2004, a number of Swedish authorities were given the task of preparing, or producing proposals for how they needed to prepare, to help people with Swedish residence in the eventuality of a crisis abroad. Sweden was able to carry out this extensive evacuation thanks to the knowledge and experience acquired or in the process of acquisition at the Ministry for Foreign Affairs (MFA), the Swedish Rescue Services Agency (SRSA), the national Police Board (NPB) and National Board of Health and Welfare (NBHW). Certain of the preparations and measures carried out since 2004 were tested in the evacuation from Lebanon and are evaluated to some extent in this report. Many of these preparations and measures are based on experience gained after the tsunami disaster – "lessons observed", and are described in the Kamedo report no. 91 (2004 Asian tsunami disaster. Home transportation and emergency care in Sweden) and after it has been put into action may be regarded as "lessons learned".

In this Kamedo report studies have focused on the evacuation of Swedes, with particular attention being paid to the areas of activity at National Board of Health and Welfare. In total National Board of Health and Welfare engaged 77 people (health and medical personnel) in the direct evacuation work.

The report is mainly compiled from material sent in and reported from players involved. Brief information is also given on the activities of other authorities taken from reports presented by each authority.

The involvement of municipalities, primarily through the social services, was limited to issues that arose at the three major airports.

Kamedo strives to standardise the gathering and presentation of data to facilitate more scientific processing. Extensive development has taken place at WADDEM (World Association for Disaster and Emergency Medicine) in recent years regarding the method of studying disasters. The work is documented in the publication "Health Disaster Management: Guidelines for Evaluation and Research in the Utstein Style" (<http://pdm.medicine.wisc.edu/utstein.htm>). Adaptation and modification of this work has been carried out through the Swedish Emergency Management Agency (SEMA) observer network (Appendix 1). In this report we have attempted to adapt the presentation along the lines of this model. Certain supplements and modifications have been made, however.

Hazard (Threats and Vulnerability)

Relations in the Middle East have been tense for many years, including those between Israel and groups in Lebanon. There is an almost constant risk of terrorist acts or the outbreak of war in the region.

After unrest in Lebanon through the years (see for example Kamedo report 49), many Lebanese sought refuge in Sweden and subsequently became Swedish citizens. When conditions in Lebanon became relatively calm, many of these Swedes returned to Lebanon and settled there, at the same time as they retained their Swedish citizenship. During holiday periods they are visited by their Swedish relatives and friends who are still living in Sweden and many other Swedes also spend holidays in Lebanon. More than 8,400 Swedes and residents of Sweden were in the area when the war broke out in summer 2006.

Background

Situation Before the Event

Lebanon

The state of Lebanon is located in the Middle East on the eastern coast of the Mediterranean and borders Israel to the south and Syria to the north and east. The area of the country is 10,400 km² and its population is approximately 4 million. Its inhabitants speak one of three main languages: Arabic, French or English. About 400,000 Palestinians live in refugee camps in Lebanon at present.

Lebanon is a relatively young state that was created by France in 1920 and became independent in 1943. The political system introduced to the country involved power-sharing between the three largest sections of the population: Christian Maronites, Shia Muslims and Sunni Muslims.

In 1975 a civil war broke out with many parties involved, some of them external such as the Palestinian Liberation Organization (PLO) and the states of Israel and Syria. The civil war lasted for 15 years. Parts of Lebanon were occupied by Israel during long periods of time, but with the exception of certain contested border areas near the Golan Heights Israel withdrew from the country in 2000. After 29 years of military presence, Syria was forced to retreat from Lebanon in 2005 after the assassination of the Prime Minister Rafik Hariri.

For budget reasons the Swedish Embassy in Beirut was closed in 2001 and replaced by an honorary Consulate-General; the embassy in Damascus deals with issues in Lebanon instead.

Hizbollah

Hizbollah was founded in conjunction with the invasion of Lebanon by Israel in 1982 by Shia Muslims inspired by the revolution in Iran. The short-term aim of Hizbollah was to force Israel out of Lebanon. Their more long-term goal was to introduce religious control in Lebanon. Hizbollah became a political party in the mid-1980s and in 1992 Hizbollah's representatives were elected to parliament in the first democratic elections after the civil war. The movement gains its support mainly from southern Lebanon, where it has created a state within the state of Lebanon. In the 2005 election, Hizbollah was one of the victorious parties and since then has been part of the government.

Hizbollah has always been against disarming. Confrontations between Hizbollah and the Israeli army recur constantly along the Lebanese-Israeli border.



*Fig 1. The evacuation from Lebanon mainly took went via Syria and Cyprus.
Illustration: Typoform*

Israel

Israel covers an area of just under 21,000 km² and has a population of approximately 6.7 million within the country's internationally recognized borders. About 400,000 Israelis live in the occupied territories.

The State of Israel declared its independence in 1948 after a disputed United Nations resolution concerning the partition of the mandated territory of Palestine at the time. The Arabic states rejected this partition plan and the same year Israel was attacked by its neighbouring countries. The result of the attack was that Israel conquered about 40% of the land areas that were to constitute a Palestinian state in the original partition plan. Around 725,000 Palestinians fled from their homes.

In connection with the Six-Day war in 1967, Israel captured the Golan Heights from Syria, the West Bank from Jordan and the Gaza Strip in the Sinai Peninsula from Egypt. Israel has been involved in other wars in the area: the October War of 1973 in which Israel was attacked by Egypt and Syria, and more recently in 1982 when Israel invaded Lebanon.

In 1991 peace negotiations were initiated between the Israelis and the Palestinians and in 2000 a "final status settlement" was negotiated at the Camp David Summit, but an agreement was not forthcoming. Only a few months later the second intifada, that has caused the death of many Palestinians and Israelis, broke out. The intifada was partly triggered by the visit of Ariel Sharon, head of the Israeli government at the time, to the Temple Mount in Jerusalem.

Preparedness in Sweden

Experience from the 2004 Asian tsunami disaster indicated that Sweden needed to increase its preparedness in several areas and at most levels in society in order to be able to better handle an event abroad affecting many people with residence in Sweden (SOU 2005:104, Kamedo 91 and others).

Central authorities

The Ministry for Foreign Affairs (MFA), together with other foreign missions such as embassies, delegations, consulates etc, is responsible for Sweden's relations with other countries. They are also responsible for carrying out the overall foreign political goals of the government. MFA bears the main responsibility for measures taken abroad and is thus responsible for helping Swedes in distress outside the borders of Sweden.

The Ministry for Foreign Affairs has reinforced its emergency preparedness in many ways since 2004. The so-called Emergency Management Group exists within the MFA. This is a group of representatives from the units within the MFA that are involved in the crisis work. In acute consular crisis situations abroad, the Emergency Management Group is convened by the permanent under-secretary of state in the MFA.

There is also a consular emergency unit and a rapid action unit within the MFA. The rapid action unit can, if necessary, be sent to reinforce a foreign mission in a crisis situation. In exceptional circumstances it can also be sent to reinforce Swedish presence in a country with no diplomatic representation from Sweden. The rapid action unit includes around 50 volunteers from different units in the Ministry for Foreign Affairs. The MFA rapid action unit is educated and trained in close cooperation with SRSA, NPB, NBHW and other players that participate in measures coordinated by SRSA. Almost 150 officials are trained by SRSA with the purpose of supporting Swedish diplomatic representation and consular offices abroad. For more than one year work has been ongoing with the development of clear paths of orders and communications, as well as shared definitions of terms.

The Swedish Armed Forces through the Support Ordinance (ordinance on support for civil activities by the Swedish Armed Forces – SFS 2002:375) is able to supply personnel to other authorities, county councils or municipalities.

Within the Swedish Armed Forces there are, for example, communications officers with good knowledge and skills in logistics for planning, ordering etc. of air and sea transportation over the entire world. The Swedish Armed Forces has general agreements with a number of carriers in the air and sea transport sectors which can be sub-ordered as required.

Authorities requesting support from the Swedish Armed Forces must always contact the guard officer at the Swedish Armed Forces, who checks the submitted request with superior officers who in turn make a decision. The request can be treated within a few hours since decision-makers for this type of case are always available.

However, since 2004 the number of officers and personnel at the Swedish Armed Forces able to provide external support has become increasingly limited. This means that other tasks or ongoing tasks must be postponed if the request submitted is given higher priority.

The Swedish Rescue Services Agency (SRSA), under the Ministry of Defence, is the central authority responsible for rescue services and

measures for the prevention of accidents and damage. On 17 February 2005 the SRSA was given the commission by the government to build preparedness for supporting foreign missions and persons in distress as a result of major accidents or disasters abroad. Such preparedness would be created in collaboration with the NBHW, the NPB, the Swedish Red Cross and the Church of Sweden.

In collaboration with the National Board for Health and Welfare, the National Police Board and the Ministry for Foreign Affairs, the Swedish Rescue Services Agency has put forward a proposal for a joint authority response team (the Swedish Response Team, SRT). The SRT consists of an assessment team and support teams. The assessment team must be able to be sent out within six hours of a decision and has the task of assessing how much aid is required. The assessment team will report to the Government Offices and to each authority involved. Within 12 hours of a decision for action, one or more support teams will be ready to be sent. The support teams will coordinate joint measures and give assistance with crisis support and basic medical measures at an early stage. Operations in the area affected will also be supported by staff unit work in Sweden.

The National Board of Health and Welfare (NBHW) is a central authority under the Ministry of Health and Social Affairs that has commissions in areas related to social services, health and medical care, protection of health, communicable disease prevention and epidemiology. The NBHW works with emergency preparedness in these areas and draws up guidelines and steering documents to ensure that there are uniform levels of preparedness in the whole country. The NBHW follows up emergency preparedness activities by the authorities responsible for medical care; the results from this follow-up then become the basis for development, training, and dissemination of knowledge and the allocation of government grants to county councils.

After experience gathered from the Asian tsunami disaster on 26 December 2004, the government at the time gave NBHW the task of reviewing readiness in their area of activity for a situation in which many Swedish residents may be affected by a major accident or disaster abroad. NBHW reported on the commission on 31 March 2006 in their report entitled, "Preparedness for taking care of Swedish residents in the case of major accidents or disasters abroad" (paper 2006-107-5).

In a forthcoming government bill a new law has been proposed concerning measures within the field of disaster medicine abroad. The law allows county councils to carry out health and medical care abroad when a major accident or disaster has occurred in another country and many Swedish residents may have been affected. One of the prerequisites for this is that a foreign mission judges that the resources available in place are insufficient and that there is a need for support.

The decision to initiate or conclude disaster medical measures in accordance with the new law must be taken by the government or authority appointed by the government. The government also decides on the nature of the measures.

The NBHW will lead and coordinate disaster medical measures. The use of county council resources will in general also be decided by the NBHW when such measures are initiated.

According to the proposal, the county councils in Stockholm, Västra Götaland, Skåne, Östergötland, Uppsala and Västerbotten will be responsible for maintaining preparedness for disaster medical measures abroad. Other county councils may maintain such preparedness.

These measures are to be seen as part of the proposal mentioned above under SRSA, regarding the SRT.

The Ministry for Foreign Affairs, the Swedish Rescue Services Agency, the National Board of Health and Welfare and the National Police Board have prepared and trained the personnel that are planned to be included in the SRT.

At the same time as the NBHW completed the above report (paper 2006-107-5), personnel for the potential assessment team and support teams were selected. Although the formal grounds for international action were not in place at the time of this event, personnel could be engaged in accordance with the proposed model.

The Church of Sweden has extensive emergency preparedness, both nationally and internationally. Since 2000, when the relationship between the state and the church was modified, this activity has been governed by the Church Order, the set of rules and regulations within the church. The Church Board, of which the Archbishop is the chairman, leads and coordinates church preparedness at a national level through the Church Office. The office cooperates with central government authorities in the area (NBHW, SEMA, SRSA, SAF and, if necessary, the Prime Minister's Office, MFA and the Ministry of Defence). The thirteen dioceses have corresponding assignments at the regional level, and will support and coordinate the emergency preparedness work of the 1837 local parishes by planning and leading their work. Both dioceses and parishes must make the preparations required for their activities to be able to be carried out in extraordinary conditions and during times of raised levels of preparedness. The dioceses will cooperate with county administrative boards and to some extent with county councils, while the closest cooperating partners for the parishes are municipalities, primarily through POSOM groups. Parishes will also cooperate with the medical services through participating in PKL groups.

The Church of Sweden has 40 local parishes around the world. The parishes are organised by the Foreign Church, one part of the national organisation of the Church of Sweden. The activities of the Foreign Church are included in overall readiness. After experience from the tsunami disaster, a number of priests have since 2006 been included in the SRT.

Preparedness at the Major Airports (LFV)

The Swedish Civil Aviation Administration (LFV) maintains preparedness for serious events at its airports, which includes support and crisis group activities. LFV also has an agreement with the Red Cross.

At **Stockholm-Arlanda Airport** the Emergency Training Group (ETG) has been active since 2002 and consists of representatives from the security contractor, the Border Police Arlanda, the Swedish Civil Aviation Administration, the Swedish Civil Aviation Authority-ARCC, the Police

Authority in Stockholm County, the Sigtuna-Arlanda rescue service, SOS Alarm AB, Stockholm County Council and airline companies and carriers active at Arlanda.

The task of ETG is to create close cooperation and gain knowledge of how the different organisations work in the case of a major accident or other types of extraordinary event. The group acts to create conditions for smooth cooperation, efficient execution of actions and needs-related allocation of resources.

The LFV – Division Stockholm also has an agreement with Stockholm County Council, including one nurse on duty daily between 08:00 and 21:00 at Arlanda Airport to take care of medical emergencies, as well as acting as a link between the preparedness organisation at the airport and the Stockholm County Council disaster management organisation. The nurse has access to a standby car (while awaiting an ambulance) that is stationed at the airport and is operational around-the-clock.

At **Göteborg Landvetter Airport** there is an established crisis management unit with different officials, including a Security Manager on call and a Welfare Coordinator.

Through joint exercises and cooperation during real events such as the tsunami disaster in December 2004 - January 2005 with a large number of returning Swedes, there is good familiarity between management of the airport and officials of Härryda municipality.

The airport's Welfare Group was established as early as 1990 and has been active since then under the auspices of LFV. The airport Welfare Group has carried out exercises and theme days together with POSOM groups from Härryda municipality.

At **Malmö Airport** the "Sturup support and crisis group" has existed since 1994. The LFV security manager on call at Malmö Airport contacts the group when necessary.

There has been established cooperation with POSOM activities in Svedala municipality for several years. Other resources are called in when necessary. There are about 50 people in the Sturup support and crisis group trained in first aid. They come from different companies, authorities and organisations at Malmö Airport.

These people receive new first aid training every year and are members of different networks in the region.

Preparedness in the County Councils

In 2002 new regulations were introduced in the Act on Health Care and Medical Care to strengthen preparedness within the field of disaster medicine. The NBHW has issued instructions and general advice (SOSFS 2005:13, the national Board of health and Welfare's instructions and general advice on peace-time disaster medical readiness and planning before raised readiness levels) which are to function as an overall basis of information for building up uniform disaster medicine preparedness in the country. The starting point for the instructions is the disaster medicine preparedness in county councils that has been in place for several years.

The instructions and general advice demand that every county council must have:

- An organisation for planning, coordinating and monitoring disaster medicine preparedness at regional and local levels.
- A regional disaster medical plan.
- Personnel that is always ready to receive alarms in the case of serious events (officials on call).
- Medical care groups that are constantly prepared for action in the case of serious events.
- Preparedness for psychiatric and psychosocial care, including PKL groups (crisis management groups in the county council that manage and coordinate the psychiatric and psychosocial care of victims, families and personnel in the case of serious events).
- Given attention to issues of significance for the technical capacity and endurance of healthcare and medical care in planning, both in peacetime and in times of raised levels of preparedness.
- Adequately trained health care and medical care personnel for the disaster medical organisation or for actions in the case of serious events.
- Special medical care management in the case of serious events.

The goals for disaster medicine preparedness (as described by Västra Götaland Region, among others) are to:

- Minimise the outcome of physical and psychological after-effects for victims and those affected indirectly.
- Be able to activate, coordinate and allocate resources to maintain the quality of medical care.
- Maintain the running of the regional organisation around-the-clock on all days of the year.
- Carry out medical risk stocktaking and analyses and take actions on the basis of them to minimise dangers during serious events in the region.
- Maintain and safeguard functional and operational security.

It is possible to see how a regional disaster medical plan works by looking at Stockholm County Council. The official on call has the first responsibility for special medical care management at the regional level. Regional disaster medical management, RKML, can be established in staff status, reinforcement status or disaster status. At a local level in a damage area the medical care manager is responsible for special medical care management. If necessary the medical incident commander may receive help from a staff unit. According to local disaster medical plans, emergency hospitals may organise a disaster management group in staff status, reinforcement status or disaster status for special medical care management.

For example, in Västra Götaland region the regional medical emergency administration (RKML) has a mandate to act on behalf of the region during events in which special medical care management is required at the regional level.

Swedish National Air Medevac (SNAM)

Västerbotten County Council participates in the Swedish National Air Medevac (SNAM), which is a joint operation by the Swedish Civil Aviation Authority, SAS and the NBHW. A national civil aircraft ambulance service has been developed that at short notice will be able to equip and man an SAS aircraft in which advanced intensive care can be administered. The resource is for use in various crisis situations, be they national when ordinary resources for medical transportation are not sufficient, or international aid for the homeward transportation of people affected by disasters abroad, for civil and military crisis management or other humanitarian actions. Norrland University Hospital in Umeå has been involved in the development of aircraft ambulances and plays a key role in SNAM, including the responsibility of manning the aircraft with suitably trained medical personnel and ensuring that the aircraft and personnel have sufficient equipment. The aeromedically trained personnel took part in the air evacuation during the 2004 Asian tsunami disaster (Kamedo 91).

Västra Götaland Region has been prepared for taking responsibility for coordination of secondary transportation required in conjunction with an SNAM operation. The Region had this task during the 2004 Asian tsunami disaster (Kamedo-rapport 91).

Preparedness in Municipalities

In accordance with the Social Services Act (2001:453) concept of residence, the municipalities have the ultimate responsibility for inhabitants of the municipality to receive the support and help that they need. The responsibility of the municipalities also extends to those people who arrive by air to airports in the municipality, irrespective of whether they live in the municipality of the airport or not.

In the three municipalities with major airports, there is preparedness for events related to the major airports. Preparedness in these three municipalities is in general respects similar but there are local differences.

Härnäs municipality In spring 1993, the municipal executive board decided to establish a management group to deal with serious events. The group consists of seven leading officials, with the director of the municipality as manager.

To meet the demands of being able to establish municipal management and coordination within one hour, there is always one official on call. Over the years, work within the group has changed as new legislation has come about, and today it is focused on crisis management during extraordinary events. The group has been active in real events on a number of occasions.

In 1993 the decision was taken to establish a POSOM organisation. The organisation is based on employed personnel who are supplemented by personnel from the church, and managed by the social services. When the organisation was being put together, the goal was to have it ready for the World Athletics Championship at Ullevi in 1995. Risks for air traffic were judged as heightened during this time. The group has also been active in a number of real events, most recently during the 2004 Asian tsunami disaster – as is the case for the crisis management group above.

Both organisations have trained with LFV and LFV Landvetter and personnel from the organisations know each other well.

Sigtuna municipality is the host municipality for Arlanda airport and for this reason has been involved in the reception of people as well as social operations at the airport. The social services manage work at Arlanda during daytime. Outside office hours work is managed by Social Emergency Services Nordväst. The social services are responsible for individual and family care, which comes under the social welfare services, and the income support team, which belongs to the education and labour market administration. Social Emergency Services Nordväst is run jointly by the municipalities of Ekerö, Järfälla, Upplands Bro, Upplands Väsby, Sigtuna, Sollentuna, Solna and Sundbyberg.

Svedala municipality has an established crisis management organisation that is governed by a Preparedness Plan. All managers have a file entitled "Emergency file for extraordinary events during peacetime" containing information about obligatory actions by personnel during such events. The file is to be used as "a tool for initiating alarms and other immediate actions during emergency preparedness in Svedala municipality". Among other information, the file contains

- organisation chart (appendix)
- flowchart for situation assessment and assessment of suitable courses of action
- chart of actions to be taken during a crisis (immediate measures, decision template)
- lists of alarms
- key persons in POSOM and the Voluntary Resource Group
- management organisation
- handling information
- telephone lists.

Allocation of responsibilities is clear. Decisions on emergency preparedness are the responsibility of the chairman or vice chairman of the municipal executive board, the representative of the municipal executive board in the management group, the director of the municipality or the manager of the rescue services. During the summer holidays and other long holidays a holiday list will be drawn up showing which operational managers are responsible during which time periods.

Malmö Airport is located in Svedala municipality. For this reason the crisis management organisation and POSOM in Svedala municipality established cooperation several years ago. So far there have been no joint preparedness exercises carried out, but personnel involved know each other well. During the 2004 Asian tsunami disaster the two organisations worked actively together and evaluated the work jointly.

Events

Political Developments during Summer 2006

On 12 July eight Israeli soldiers were killed and two were captured by Hizbollah in conjunction with an attack on the Israeli-Lebanon border. This led to extensive countermeasures by the Israelis and a large-scale armed conflict broke out between Hizbollah and Israel, which continued for 34 days. During these 34 days, Lebanese targets were hit by approximately 7,000 aerial attacks. During the same time, Hizbollah fired approximately 3,700 rockets into Israeli territory. 159 Israelis died, of which 116 were soldiers, and 700 were wounded. In Lebanon, 1,100 people lost their lives and 3,700 were injured. Half a million Israelis were forced to leave their homes and up to one million Lebanese (about 25% of the population) fled during the most intensive days of the war.

The runway at Beirut airport was bombed during the first days and a blockade of Lebanese airspace and territorial waters was introduced. On 15 July a Hizbollah homing missile sank a high-technology Israeli ship. From that day on Israeli air attacks were gradually extended, and practically the whole of Lebanon was attacked. Large parts of the country's infrastructure were destroyed, making evacuation work difficult. On 20 July ground fighting broke out on Lebanese territory between the two parties. On 25 July Israel announced its intention to take and maintain control in parts of southern Lebanon until an international force was in place. On 30 July Israel carried out an air raid on the village of Qana that claimed many civilian lives, including a large number of children.

International criticism against Israel grew and during an extra meeting on 1 August EU foreign ministers demanded "an immediate cessation of hostilities" to be followed by a "sustainable cease-fire". Not until 11 August was the UN Security Council able to unanimously adopt resolution 1701, which had been delayed due to differences of opinion within the council. On 08:00 on 14 August fighting stopped.

Damage and Disturbances

Damage

The war caused the destruction of many houses, especially in the southern parts of Lebanon. Safety in southern Lebanon and in the southern parts of Beirut was poor, and from time to time virtually non-existent. Large parts of the country's infrastructure were destroyed; the runways at Beirut airport and the road to Damascus were bombed, among other targets.

Disruptions

There was a large risk of being injured or killed during the military attacks against Lebanon, and it was difficult or impossible to earn a living. Many people tried to leave the troubled areas and fled to Beirut and other parts of northern Lebanon as well as Syria. At times it was too dangerous to move individually to safer areas and convoys were arranged to evacuate people reasonably safely from the affected areas. It transpired that just over 8,400 people with residence in Sweden were in Lebanon. At times many people gathered at the Swedish embassy in Beirut where there was a state of chaos. There was a great need to evacuate people with residence in Sweden from Beirut and other areas.

The evacuation took place mainly to Damascus in Syria and to Larnaca on Cyprus for onward transportation to Sweden. In Damascus, and to an even greater extent on Cyprus, conditions were chaotic at times.

Evacuation flights arrived at the three major airports of Sweden: Arlanda Airport in Sigtuna municipality, Göteborg Landvetter Airport in Härryda municipality and Malmö Airport in Svedala municipality. Many people gathered at the airports and needed help with onward transportation to other municipalities since they had their residence there or wished to go there for other reasons. Many of them lacked true residence in Sweden since they had returned to Lebanon many years previously and no longer had a home in Sweden.

Social services in the municipalities with major airports were overloaded and put hard to the test.

Responses

Crisis Management in Sweden

The development of events in Lebanon in July 2006 caused the evacuation of a large number of people with residence in Sweden. As well as problems with the coordination and transportation of such a large number of people within an extremely limited time period, the work was complicated by damage to infrastructure: airports and land routes within Lebanon and to Syria had been bombed. In addition, the situation arose during the peak holiday season. In total the Foreign Service, in cooperation with the SRSA support force and other players, evacuated approximately 8,400 people between 16 July and 16 August. The evacuation took place through the MFA, with the aid of Swedish Armed Forces, chartering 53 flights, three ships that made seven journeys between Beirut and Larnaca, Limassol and Mersin, and about 15 buses for transportation by land to Aleppo in Syria. Political leadership was clear in ordering everything possible to be done to return home all Swedes from the area. Necessary means were also made available. The government gave MFA permission to exceed the budget for individuals abroad by a total of SEK 100 million in order to handle the Lebanon crisis. In total the mission cost SEK 77 million.

Central authorities

Initial stage, 13–15 July

On Thursday 13 July more and more people contacted the MFA switchboard. Many called to get more information about developments in Lebanon, and the Department for Consular Affairs and Civil Law called in the emergency unit¹ to take calls. During the afternoon the first crisis meeting took place at the MFA Department for Political Affairs. It transpired that there were relatively large numbers of Swedes in Lebanon and that they would possibly need to be evacuated. It was decided to call in the Emergency Management Group¹ the next morning and to reinforce the MFA consular unit. SRSA was asked to make ready for a possible major evacuation operation. By coincidence, an MFA official was on holiday in Lebanon at the time. This official took over management at the Consulate-General in Beirut on Thursday 13 July.

On the same day, after an initiative by one of the participants of the NBHW assessment group², members of the assessment group started to search for information regarding medical services in Lebanon and on Cyprus via Internet and other sources. This took place by commission to NBHW on 13 July.

At the MFA Emergency Management Group meeting on Friday 14 July, Lebanon was judged to be completely cut off from the world. It was decided

¹ Refer to section on the Ministry for Foreign Affairs under *Central authorities* in the chapter *Background* for further description of the term.

² The assessment group is a part of the SRSA support force assessment team.

to investigate the options of chartering ships in the area and to start negotiating for this. Israel was contacted to gain safe passage for transportation by sea. A national and an EU-managed evacuation from Lebanon were both discussed, and it was decided to look into what evacuation plans other EU countries had.

Personnel from the embassy in Damascus were not able to help when the Consulate-General in Beirut needed reinforcements since the security risks were too great. Instead the MFA official in place was given the task of employing personnel required locally. Preparations were made for bus transportation from Beirut to Syria. Since the main roads to Damascus had been destroyed, land evacuation took place via Aleppo instead.

On Friday 14 July, the Swedish Rescue Services Agency decided to begin by sending an assessment team with eight representatives from the SRSA, the NBHW and the NPB on to Cyprus. Most of the people fleeing Lebanon would be taken there for onward transportation home to Sweden. The assessment team would also judge whether there was a need for reinforcements in the area.

On 14 July an emergency management staff unit was established at the NBHW. Personnel from this staff unit participated in all meetings held by the MFA Emergency Management Group. The medical incident commander of the emergency management staff unit informed the officials on call (TiB) from the three urban regions about the situation. A list was compiled of available personnel with suitable education and training for foreign commissions. The officials on call in Västra Götaland region and Region Skåne were very obliging with this work.

On Saturday 15 July a Greek ship was chartered with 1,200 places, and another Turkish ship with 450 places would be booked. The Ministry for Foreign Affairs made a request via the SRSA and the NBHW for personnel who would accept a task in Beirut. Everybody asked declined. The SRSA decided to fully activate the support force as a complement to the MFA personnel in place. The support force would have its base on Cyprus. It included 55 people from different organisations (SRSA, NBHW, NPB). The Consulate-General in Beirut was responsible for producing manifests for ships. The Consulate-General, together with the embassy in Damascus, had hired about 15 buses for evacuation to Aleppo.

Authors' comments

The Swedish authorities, in particular the Ministry for Foreign Affairs, the Swedish Rescue Services Agency, the National Police Board and the National Board for Health and Welfare, were prepared for an event of the type that occurred. This was a result of experience from the 2004 Asian tsunami disaster and work with the government commission to review readiness for a situation in which many Swedish residents are affected by a disaster abroad.

Evacuation work 16 July–16 August

From 16 July the evacuation started in earnest. For example, there was one bus evacuation via Aleppo the same day. In total, about 750 people were evacuated from Lebanon that day. Israel, Lebanon and Hizbollah had given

verbal assurances that no military attacks would be made along the planned route.

Personnel from the MFA and the SRSA support force were flown to Aleppo in the northern Syria where the reception of those evacuated by bus would be prepared. The assessment team of the SRSA support force, which consisted of eight people, arrived on Cyprus. One of the doctors travelled on to Beirut after a request was made by the MFA and arrived there at the following day, Monday 17 July. On the same day other parts of the support force arrived on Cyprus, and SRSA established its staff unit on the island with good support from the Cypriot Civil Defence. Personnel in place in Aleppo were also reinforced by 11 personnel from the support team.

The NBHW were now in reinforcement status and work in recruiting personnel continued after signals from the MFA that this would probably be a long-term task. The NBHW was responsible for receiving evacuees in Sweden. Västra Götaland Region was given the responsibility for patient information and for forwarding this to the correct authority responsible for medical care. The region was also responsible for planning possible secondary transportation.

Region Skåne, Stockholm County Council and Västra Götaland Region strengthened their disaster management organisations and prepared to mobilise personnel for the SRSA support force. In close cooperation with the municipalities involved (Svedala, Sigtuna and Härryda), reception at the three major airports was also prepared.

On Monday 17 July, the first aircraft with evacuees landed at Arlanda Airport. From Tuesday 18 July, work was concentrated on evacuating Swedes by ship to Cyprus instead of by bus to Syria. Israel gave assurances that the ships would be given free passage. Transportation by ship was to Larnaca and Limassol on Cyprus, and to Mersin in Turkey. Since evacuation was also taking place via Turkey, some personnel from the SRSA support force were moved from Cyprus to Mersin on 18 July. They were to receive incoming passengers and help them on to the airport. The embassy in Ankara also sent personnel to Mersin to take part in the reception work.

All Swedes who were evacuated to Damascus and Cyprus then travelled on to Sweden by regular flights or chartered flights. After the first flight, all aircraft were manned with medical personnel who were recruited from SNAM, the organisation put together to man Swedish air ambulances.

On Wednesday 19 July the MFA issued information that temporary passports could be given to non-Swedes who had residence permits in Sweden but who did not have travelling documents. On Thursday 20 July, after one week of intensive work, approximately 5,000 evacuees had arrived in Sweden. From 22–23 July, measures were stepped down. The Emergency Management Group met once a day instead of twice and on Sunday the specially set up emergency telephone lines were closed. Those Swedes who were still in the country were evacuated by ships from other EU countries. Swedish personnel sent to the region started to return home and on Wednesday 26 July it was decided that manning in Beirut, Damascus and Cyprus could be gradually phased out.

Reception in Aleppo was closed on the evening of Sunday 23 July since it was judged that no more people needed to be evacuated using that route. The Ministry for Foreign Affairs contacted UNIFIL (UN Interim Force in

Lebanon) to request assistance should more Swedes need to be evacuated from southern Lebanon. In principle all Swedes that were in the southern parts of Lebanon had been found. These Swedes were informed that they could follow the smaller convoys arranged by other countries.

On 31 July, the same day that the last chartered aircraft took off from Cyprus, the last meeting with the Emergency Management Group was held by the MFA. All work after that was handled within the normal operations of the MFA, and on 16 August evacuation work was fully completed.

A number of Swedes in northern Israel also thought they should be evacuated by the Swedish state, and the embassy in Tel Aviv helped a few of these to travel southwards. An organised evacuation from Israel was at no point felt necessary, however.

The Ministry for Foreign Affairs

The Ministry for Foreign Affairs (MFA) had the overall and coordinating responsibility for handling the Lebanon crisis, this responsibility lying at the management level of the Emergency Management Group. During the time of the crisis, two government decisions were made enabling MFA to exceed the budget for financial support by a total of SEK 100 million.

As early as Thursday 13 July there were indications that the situation in Lebanon could require such measures. The first crisis meeting was convened and the MFA consular unit called in its emergency unit. The following day the Emergency Management Group held the first meeting of a total of 24 held during the period 14–31 July. Relevant units and functions from the MFA participated in these meetings and these were gradually extended to include representatives from the Prime Minister's Office, the Ministry of Justice, the Ministry of Defence, the Ministry of Health and Social Affairs, the Administration Department, the Swedish Armed Forces, the National Criminal Investigation Department, the National Board of health and Welfare and the Swedish Rescue Services Agency. A joint, updated status report could be created at these meetings and at the same time issues concerning work allocation between different players could be clarified. Assessments received about the methods of working in the Emergency Management Group have been predominantly positive.

The MFA is responsible for coordinating similar actions abroad. In general the department is responsible for purely consular information that the Foreign Service has been traditionally responsible for. In principle, all authorities that participate in work with these actions make their own, independent decisions about whether they will participate, and this applies to decisions during the work itself.

The NBHW coordinated the reception of evacuees in Sweden. The MFA made an assessment at an early stage that they should be represented at receiving airports despite the fact that the formal responsibility of the MFA ceases when evacuees have landed on Swedish territory. A few people arrived at other Nordic airports, and they were met by embassy personnel from the country in question.

In its capacity as the chairing country in the EU, Finland held about 20 telephone conferences during the Lebanon crisis. The telephone conferences did not lead to coordinated measures being taken, but were the most important channel for spreading information between the member states. Norway was also invited to take part in the telephone conferences. This

worked very well and Norway made important contributions to common efforts by the EU.

In total there were approximately 700 people involved in the evacuation work in one way or another.

The Swedish Armed Forces

On 14 July the MFA requested the Swedish Armed Forces to make personnel available to lead the evacuation transportation from Lebanon.

The Swedish Armed Forces granted the request from the MFA with the support of the Support Ordinance (Ordinance of support to civil operations by the Swedish Armed Forces – SFS 2002:375). Communications officers and military observers coming home were sent to help the MFA (MFA Transport Management) from 17 July.

The work consisted of the ex-observers, who had good geographic knowledge of Lebanon, contacting Swedes in the area and advising them to evacuate and communicating the gathering points from which transportation took place. This work continued until 27 July.

Communications officers and staff personnel from MFA

- chartered 53 aircraft that, as needed, flew from airports to which ground transportation had taken place
- arranged seven sea crossings with three ships from Beirut to Cyprus and Turkey, from where buses drove to the airports.

The need for transportation was reported to the MFA Transport Management that took care of demand as it arose.

The Swedish Armed Forces used its contact network within the transportation industry and the general agreement partners it has.

Authors' comments

If the Swedish Armed Forces had been contacted earlier, these operations could have been extended and been even more efficient, and more people per day could have been evacuated. The special relationship that the Swedish Armed Forces has with its general agreement partners means that they know the modus operandi of the Swedish Armed Forces and its culture. General agreement partners can also group together with the Swedish Armed Forces for more efficient staff work, if this is desired.

The Swedish Rescue Services Agency

On 11 July the SRSA decided on the first operation on Cyprus as a support for the Foreign Service and those in distress.

Until Thursday 13 July, activities related to the escalating situation in Lebanon consisted mainly in obtaining information regarding Swedish operational personnel in place in Lebanon. There was a call in the evening from the MFA requesting the SRSA to raise levels of preparedness for possible action in the region. On 14 July it was decided to follow the concept for reinforced capacity. The unit for operational personnel was given the task of recruiting those who were to be part of the SRT's assessment team from the personnel pool. On Friday 14 July, seven people were ready to fly to Cyprus to make a first assessment of what support was required by embassy personnel for the evacuation.

At the same time as the recruiting work was being carried out, the National Board of Health and Welfare and the National Police Board were contacted, which had also introduced measures to raise levels of preparedness. The NBHW immediately started recruiting two people for the assessment team. On Friday 14 July contact was made with one person from the NBHW operational personnel to discuss the operation. Regular contacts were also made with the NBHW's official on call (TiB), which the NBHW had made clear would be the contact path into the organisation.

On the evening of 14 July, the MFA requested support from the SRSA with planning, coordination, management and logistics for the first evacuation operation. The evacuation would be organised through ships from Lebanon to Cyprus. The MFA explained that there was a need for medical care, psychosocial support and police issues (border passage and ID controls) and expressed that it was desirable to have personnel onboard the ship as well as on Cyprus. The SRSA would then coordinate between other authorities.

An assessment team of eight people was activated. Five of these were recruited from the SRSA (management, information, communications and logistics), two from the NBHW (medical care) and one from the NPB (security). The SRSA took responsibility for coordinating travel and logistics.

On Saturday afternoon 15 July, i.e. before the assessment team had even arrived on Cyprus, it was clear that the other parts of the support force would also be activated. Subsequently, further resources were activated as required. After the first hectic days work became more routine. Daily contact with the departments, the NBHW and the NPB continued.

On 9 August, the last member of the support force left Damascus. A total of 140 people were engaged by the SRSA in the evacuation work itself. Of them, 77 came from the SRSA and three from the NPB.

The National Police Board

On 15 July 2006, the MFA gave the task to NPB, among others, to participate when Swedish citizens and other Swedish residents would be brought home from Lebanon. The National Criminal Department (NCID) created a staff unit for the purpose and decided that it would be considered as a "special event". The NCID had disposal of personnel through this decision and cooperated with all police authorities in the country. The staff unit at the NCID worked at full strength 24 hours a day between 15 July and 12 August 2006.

Within two hours of the NCID receiving the commission, two policemen from the NCID were on the way to Lebanon with the task of investigating the situation. The NCID cooperated with the SRSA and the NBHW, which also sent personnel to Lebanon. First information indicated that there were about 1,000 people with connections to Sweden in Lebanon.

More police were sent after a day or so to Cyprus (Larnaca), Lebanon (Beirut) and Syria (Damascus among other cities) and were given the task of identifying those people who wished to return to Sweden. Once in place, these police also safeguarded Swedish embassy personnel. A total of 25 police were in place during the entire operation, of who three were included in the SRSA support force.

People were also evacuated from southern Lebanon, especially people south of the Litani river in various places. Swedish police helped in the evacuation work, which was relatively high-risk.

When people arrived back in Sweden from the Middle East, the police authorities in the counties of Stockholm, Västra Götaland and Skåne were involved in reception work, mostly at the airports. Swedish police also cooperated with border police in Copenhagen (Kastrup airport) and Oslo (Gardemoen airport).

Police from several EU countries cooperated in the region affected, including police from Germany, Denmark, France, Britain and Cyprus.

The NCID had a very high capacity and were able to identify those returning home, who were finally counted at about 8,400. There were about 75 policemen and civil employees working with the operation in the NCID. Thanks to a new computer system (SURFA) with an extremely large capacity, the police could quickly identify people returning home and those who were still missing.

The entire operation lasted for 25 days and was characterised by smooth cooperation between the Swedish authorities sent out, the foreign authorities and not least the Swedish Government Offices (including the MFA and the Ministry of Justice).

The National Board of Health and Welfare (NBHW)

On Thursday 13 July a doctor from the NBHW assessment group, which is one part of the SRSA support force assessment team, contacted the NBHW. The doctor had noted the development of events in Lebanon on the radio and asked if it was time to start a "remote magnitude assessment" on behalf of the NBHW. Three of the doctors participating in the assessment team gathered at the NBHW together with the NBHW management and started making a "remote magnitude assessment". Among other things, the group collected information regarding medical resources in Lebanon and on Cyprus.

On Friday 14 July the SRSA communicated that they had been given the commission by MFA to raise their level of preparedness. According to the MFA, the NBHW would be given their commission from the SRSA. The operation would probably be located on Cyprus. During the period 14 July – 6 August an emergency management staff unit organised the NBHW work with this issue. During the most intensive period there were between 10–12 people working full time or part time in the crisis staff unit.

Personnel from the crisis staff unit participated in daily meetings at MFA until 31 July. Every day, including 31 July, telephone meetings were held with Västra Götaland Region, Stockholm County Council, Region Skåne and SOS Alarm. The telephone meetings were held because these county councils and regions contributed medical personnel to the evacuation area, and worked with the municipalities affected in receiving those returning home by air to Arlanda, Landvetter and Malmö airports. The crisis management staff unit gave information and support to county councils and regions, county administrative boards and municipalities. The staff unit cooperated in particular with the SRSA, but also with other authorities involved. Contact was kept the whole time with medical personnel in the evacuation area. The staff unit continuously assessed the need for relief,

reinforcements and new medical measures and proposals for measures were presented for decisions.

The functions organised within the crisis management staff unit were:

- chief of staff
- medical director
- staff doctor and medical expert (externally recruited)
- incoming telephone calls, monitoring of flight times etc.
- log book
- status follow-up etc.
- administrative support – decisions and other deeds
- service and provisions.

These functions were constantly manned during extended daytime hours. The above positions in the crisis management staff unit were manned using personnel from different units and departments at the authority.

A social services expert assisted municipalities in explaining the concept of residence (refer to text below under the section on *County Councils and Municipalities, Miscellaneous*), information on arriving flights, which people were expected for each municipality and were available for municipalities by telephone for any questions.

When the evacuation from Lebanon was started, the NBHW contacted all county councils and recommended them to:

- Stay informed about the evacuation by checking information on the NBHW website.
- Contact municipalities to request them to prepare for providing psychological and social support for those returning home.
- Contact county council officials on call to facilitate municipal planning and expedite the establishment of contact between municipalities and county councils.

In total the NBHW engaged 77 people (medical personnel) in the direct evacuation work (3 in the assessment team, 36 in support teams and 38 on aircraft).

Table 1A. Resource list of health and medical personnel

	Doctors	Nurses	Crisis support (PKL)	Total
Region Skåne	4	11		15
Stockholm County Council	2	1		3 ¹
Uppsala County Council	1	1	2	4
Västerbotten County Council	8	24		32 ²
Västra Götaland Region	6	6		12
Östergötland County Council	3	4	4	11
Total	24	47	6	77

¹ These were in the assessment team

² Many of these recruited from other county councils

Table 1B. Geographic distribution of health and medical personnel during operations.

	Doctors	Nurses	Crisis support (PKL)	Total
Beirut	2			2
Cyprus	9	11 ¹	6	26
Syria	5	6		11
Air transport	8	30		38
TOTAL	24	47	6	77

¹ Of which one on a ship from Turkey

PKL: personnel recruited through the county councils' PKL-groups i.e. the emergency management groups in the county councils who are to lead and coordinate psychiatric and psychosocial care of victims, relatives and personnel in a serious event. Among PKL personnel there were some doctors.

Authors' comments

Experience from work in conjunction with the 2004 Asian tsunami disaster resulted in the National Board of Health and Welfare being prepared for how to handle an event of this type.

At the same time as the NBHW was working on the report "Preparedness for taking care of people with residence in Sweden in major accidents and disasters abroad (paper 2006-107-5)" for the government, the NBHW was building up an organisation with the MFA and the SRSA. The organisation, which consisted of selected and trained people working in an assessment team and support teams, was then easily mobilised.

The daily meetings at the MFA were invaluable for efficient staff work.

There was no joint authority liaison staff unit between the authorities involved. Such a staff unit would have facilitated the work carried out.

To get in contact with the county administrative boards, the NBHW contacted SOS Alarm, which gave the NBHW current telephone numbers of decision-makers on call at each county administrative board. The NBHW then called the county administrative boards. It would probably have been simpler if the NBHW had requested that SOS Alarm convey the message from NBHW.

Experience from this event will be utilised when the NBHW develops its crisis management organisation.

The Church of Sweden

The sequence of events in Lebanon was monitored by the national preparedness coordinator in the Church Office. When it became clear that people would be evacuated from Lebanon, the Church of Sweden encouraged its domestic parishes and dioceses through a "flash message" on its intranet to raise levels of readiness and establish cooperation with municipalities and county administration boards. Since most of those returning home would be Christian Maronites, contact was also established with the Stockholm Catholic diocese and its head of preparedness. The preparedness coordinator also recommended that one representative of the Maronite Church should go to Arlanda and Landvetter airports when the returning aircraft arrived, which took place. The Church Office was

responsible through each diocese for the Church of Sweden airport priests to make contact with the representatives of the Maronite Church at the airports.

The Church of Sweden informed the Swedish parish in Ayia Napa on Cyprus about the situation in Lebanon and the fact that people were going to be evacuated so that the parish could give assistance if required. As a result of this, it was also decided to reallocate holidays in order to have sufficient personnel. The Church of Sweden had three priests and one psychologist in place during the evacuation, in addition to the priest from the support force of the SRSA. Since the parish in Ayia Napa also functions as a Scandinavian cooperating church, the Church Office informed the crisis management of the Church of Denmark and the Church of Norway about the situation and what measures had been taken.

The management of the Church Office and Swedish Emergency Management Agency were kept informed of the whole time about events as they happened. SEMA was informed through the authority's status journal.

Authors' comments

Measures taken by the Church of Sweden in Sweden followed the procedures set down by the church and with which the personnel were familiar. Since the event took place during the summer holiday season it was particularly important to reach out with the information. The Church utilised the intranet and the internal e-mail system that church personnel are accustomed to using.

For its actions on Cyprus, the church could obtain good information from the SRSA website. In contrast, it was only through personal knowledge that the Church of Sweden could establish contact with the SRSA centrally and its support force on Cyprus, and then put them in touch with the parish at Ayia Napa.

It is important to note that the coordination responsibility of the Swedish Emergency Management Agency does not include the operative part of the effort. Churches must themselves take initiative to participate. Experience from earlier operations shows that the Swedish Church is often alone in giving assistance since it has sufficient resources, and is also active at all levels of society. Other churches – especially the so-called national immigrant churches, (orthodox and East European), and also other faiths – are seldom involved in crisis work but this would be desirable.

Major airports (LFV)

There were many activities run at the three major airports within the framework of Swedish Civil Air Administration (LFV) operations.

Stockholm Arlanda Airport

Work was started on 16 July at 16:30 when Stockholm-Arlanda Airport's Airport Duty Officer was contacted by the coordinator on duty at Stockholm County Council. The coordinator wanted to investigate and discuss how the airport could assist when evacuees from Lebanon arrived at Arlanda. The LFV Airport Director on duty contacted the transport group at the MFA and preparations were started at the airport on the evening of 16 July before the first arrival. These preparations were initiated in cooperation

with the Police Authority of Stockholm County, Stockholm County Council and Sigtuna municipality social services.

The first arriving aircraft landed at Arlanda on 17 July and the reception of evacuees was reported to have been carried out without any problems. In consideration of the large numbers of arrivals anticipated and the logistical difficulties of organising transportation, the airport management decided on 17 July at 21:15 to open up the Arlanda Conference room “Camber” as a central gathering point called “Arrival Centre Lebanon”. The Director General of LFV and the deputy airport director accepted the commission from the Ministry of Health and Social Affairs on 18 July at 15:30 that LFV would be responsible for arranging transportation and board required. LFV would also bear the initial costs for this.

“Arrival Centre Lebanon” received approximately 8,000 evacuated Lebanon Swedes during the operation. Evacuees could receive help there with booking trips home after each arriving person, or representative of a family, met a representative from the social services to make an assessment of the need for financial support for transportation. LFV then had the task of arranging hotel bookings and home transport for the evacuees. In almost all cases transportation was by bus or train, and in a few cases by air. A staff unit was set up at the centre which was open around the clock for two weeks. During the operation the Red Cross participated with the task of supporting those arriving with psychosocial care and guidance.

Authors’ comments

In following up the operation, the need became clear for LFV, Stockholm County Council and Sigtuna municipality to meet to discuss roles, joint management and what resources the airport can expect to arrive when such an event occurs.

Göteborg Landvetter Airport

Göteborg Landvetter Airport was contacted by officials on call in Härryda municipality on Monday 17 July at 08:30. A crisis management group with a staff unit was established without delay at the airport to support arriving passengers from war stricken areas in Lebanon. Representatives from Härryda municipality and LFV were on the crisis management staff.

Planning started for the arrival from Larnaca of a flight with 105 passengers on 20 July. The security manager on duty informed the border police, customs, baggage handling company and Ramptorget. Registration of those returning home took place directly on arrival at gate 20. The police took care of all registrations.

Passengers from Lebanon that arrived on flights from Cyprus and Syria to Stockholm Arlanda travelled on domestic flights to Göteborg Landvetter from Monday 17 July and onwards.

Evacuees from Lebanon also arrived at Oslo Gardemoen airport and were then taken by bus to Göteborg Landvetter, where they were registered. People with a final destination of Malmö arriving by bus from Oslo Gardemoen were also registered at Göteborg Landvetter.

POSOM groups used the Welcome Lounge as needed for supportive talks with passengers. The VIP room was used by the medical care group.

Härryda municipality shouldered the entire responsibility for passengers arriving in their residential area. In addition to the POSOM groups, the municipality had a priest and PKL from Borås, personnel from the Red Cross and emergency social services at their assistance.

There were two more arrivals on 21 July: one flight from Larnaca with 226 passengers and one from Adana in Turkey with 173 passengers. A representative from the MFA was present for each arriving flight.

The work of the crisis management staff unit continued until 25 July, when the staff unit was dissolved after its completed operation.

Authors' comments

Göteborg Landvetter Airport received three chartered planes with a total of 504 passengers, as well as a large number of passengers arriving on domestic flights from Stockholm Arlanda and by bus from Oslo Gardemoen.

Since there were already established interfaces between the different authorities, the municipality and the airport, cooperation on this occasion worked very well. The groups had jointly decided on a structure for how this type of event would be handled.

Malmö Airport

LFV/Sturup Support and crisis group management was contacted by Region Skåne's official on call on the evening of 16 July. The official on call informed the Support and Crisis group management that they would soon need help in receiving people returning home from Lebanon at Malmö Airport. Contact was made with Svedala municipality, and in cooperation with many organisations and authorities the Sturup Support and Crisis group lead activities at Malmö Airport until 14 August. During the first two weeks the airport was manned with Crisis and Support personnel almost non-stop. When the airport was not manned, there were always personnel ready to step in if needed.

Malmö Airport received four aircraft with evacuees directly from Damascus and Cyprus on 22 and 23 July. The aircraft had a total of 512 passengers. From 17 July onwards another 200 passengers arrived on regular flights from Arlanda and Bromma on about 20 different occasions. All evacuees were met by personnel from the Sturup Support and Crisis group and other groups working with them (POSOM Svedala, Region Skåne etc.) and were offered support and help. LFV/Sturup Support and Crisis group management were responsible for coordinating the reception of passengers. Among other things, 13 buses were booked (from Malmö in the south to Stockholm in the north), four taxi trips, 18 flights (to Arlanda, Umeå and Luleå) and a number of overnight stays at hotels.

Authors' comments

The evaluation afterwards showed among other things that most people felt most aspects had worked well or very well concerning information, organisation and cooperation. But there was no written information to give to the evacuees and there was a need for more equipment, particularly that adapted to children (children's food, formula and dummies).

County councils and municipalities

Region Skåne

On the evening of 14 July officials on call for Region Skåne were contacted through SOS Alarm by the National Board of Health and Welfare. The officials on call were informed of the situation and developments in Lebanon and the request was made to send medical personnel from Region Skåne to the area. On commission from the Ministry of Health and Social Affairs, the NBHW wanted to list available hospital beds during the coming two weeks. All medical institutions were given information about the current situation in Lebanon.

On Monday 17 July the management of the regional administration in Lund decided to raise the level to staff status and to inform the head of staff of the regional medical emergency administration (RMKL). Staff status continued until Monday 31 July, when the RMKL staff unit was dissolved. RMKL kept the Regional Director and the RMKL head of staff updated the whole time.

In total nine nurses and doctors were sent from the region to the area affected. In addition there were six nurses from the ambulance medical services onboard the flights that landed directly at Malmö Airport. During the whole period, Malmö Airport was manned by a management unit from the ambulance medical services consisting of a medical incident commander, a senior medical officer, one psychologist and one pre-hospital doctor.

All returning medical personnel had access to relief talks on arrival, but all them declined. There were technical reviews on a couple of occasions with returning personnel, on the other hand. A total of 15 people were involved in direct evacuation work.

The RMKL public relations officer handled all contacts with the media and updated the Region's website continuously.

Stockholm County Council

The National Board of Health and Welfare contacted the Stockholm County Council (SCC) official on call on 14 July. The NBHW informed him that an assessment team consisting of two doctors and a nurse from SCC would be sent to Lebanon, and that Västra Götaland Region would coordinate the secondary transportation and patient information in Sweden.

Regional Disaster Medical Administration (RKML) was put into staff status. The commission was primarily to man Arlanda airport with medical groups, resource personnel from PKL organisations and personnel for special medical care management. Normally there is a nurse and personnel from Karolinska University Hospital (Huddinge) on commission from LFV. During a major part of the current operation, SCC reinforced this staffing, and in addition there were at least two resource personnel from the PKL organisation working around the clock at Arlanda to coordinate psychosocial measures, give support to those returning if necessary, make assessments for continued follow-up work and support the social services.

Primary care, children and young person's psychiatry and psychiatric services prepared to take care of any physical or psychological needs of victims within their normal activities.

Stockholm County Council participated in the daily telephone conferences with the NBHW, Västra Götaland Region and Region Skåne.

Officials on call kept the press unit updated the whole time at Stockholm County Council. The press unit handled contacts with media. Stockholm County Council, the County Administrative Board and Stockholm municipality together formulated an announcement in the daily newspapers to keep victims and their immediate families informed of events. Experts in disaster psychology put together specific information about reactions that could be expected. This information was spread in the form of pamphlets at Arlanda and published on the medical information service website.

Three people from SCC were on the SRSA assessment team that went to Cyprus.

Uppsala County Council

Uppsala County Council was prepared during the summer for receiving people returning home from Lebanon, as were the other county councils affected. The County Council coordinated measures with the County Administrative Board, the police and municipalities in the county.

Between 22 and 24 July the County Council arranged all medical care preparedness except PKL at Arlanda Airport. Uppsala County Council also recruited a PKL coordinator and later a nurse and two doctors to participate in work on Cyprus as part of the SRT.

Västerbotten County Council

The County Council informed officials on call on the evening of Sunday 16 July that the National Board of Health and Welfare had raised levels of preparedness to staff status. Västerbotten County Council (VCC) has special medical responsibility for manning the Swedish National Air Medevac (SNAM), and the official on call at the time was the person with medical responsibility for SNAM. For this reason, the official on call contacted the staff at NBHW to ask if SNAM could help to evacuate wounded or sick Swedish citizens. In conjunction with this, the person with medical responsibility for SNAM was recruited from Västerbotten County Council as medical expert/staff doctor for the NBHW staff unit. During the time period 17–26 July, Västerbotten County Council manned the staff doctor position in the NBHW crisis staff unit.

On Monday 17 July, Västerbotten County Council received a first inquiry from the NBHW staff doctor about a doctor and two nurses to fly to Lebanon. The County Council answered in the affirmative, but during Wednesday 19 July the commission was changed. The doctor and the nurses would instead be responsible for personnel with aeromedical training – two nurses, or one doctor and one nurse – who would be on every flight returning to Sweden. The aviation medical personnel were recruited from the group that had been trained to man SNAM. Västerbotten County Council was also responsible for any medical measures during the flights back to Sweden.

Västerbotten County Council set up a regional staff unit on Wednesday 19 July. The staff unit was on duty around the clock until 27 July when it was dissolved. The task of the staff unit was to recruit aeromedical personnel, give information and to organise equipment and transportation to

and from Arlanda Airport. The staff unit also had the commission to cooperate with the staff unit set up by Västerbotten County Council and manned at Stockholm-Arlanda Airport during the time period 19–26 July and with the NBHW staff unit.

The first flight with medical personnel took off from Arlanda on 19 July, and the last flight with medical personnel returned to Arlanda on 26 July. A total of 38 people, doctors and nurses took part in the direct evacuation work. Of these, 22 came from Västerbotten County Council and the others from Jämtland County Council, Norrbotten County Council, Västra Götaland Region, Region Skåne, Uppsala County Council, Västernorrland County Council and Östergötland County Council (see Tables 1A and 1B).

Västra Götaland Region

On Friday 14 July, the NBHW sent an alarm to the regional official on call (RTiB) and asked about the size of the medical capacity in the region. The region was able to take care of injured and sick people, and send medical personnel to the area affected. The official on call notified the person responsible from Hälaryda municipality the same evening so that he could plan and prepare for the reception of people returning to Landvetter. RTiB also decided to move up to reinforcement status and initiated regional medical emergency administration (RMKL) on Saturday 15 July. During the first day the RMKL was manned by RTiB and the Regional physician for emergencies (RBL). More personnel also participated later.

On Sunday 16 July the regional medical disaster management started telephone conferences arranged by SOS Alarm with Region Skåne, Stockholm County Council, Västra Götaland Region and the NBHW. SOS Alarm arranged the telephone conferences once or twice a day until 28 July.

On Sunday 16 July the first group, one doctor and one nurse, travelled as part of the SRT via Damascus to Aleppo. Later, more personnel from Västra Götaland Region travelled to Damascus, Cyprus and Beirut. During the coming weeks a total of 12 people from Västra Götaland Region were sent to the crisis area. By 31 July all of them had returned home. While the medical personnel were in the evacuation area, RMKL was in regular contact with them. RMKL also arranged travel and other practical issues for the personnel there. All returning personnel were offered relief talks on arrival, but all declined.

The NBHW gave RMKL the task of informing county councils who had wounded or sick people on returning flights. For county councils to receive initial information on activities underway and how they could obtain further information, RMKL requested that SOS Alarm in Göteborg contact TiB in all county councils on 16 July. Within 60 minutes, 12 county councils were contacted and within one more hour all except three were contacted. Not until the next day was contact made with the last county councils. The last county council was contacted 16 hours after the alarm. One county council did not have a TiB.

On 17 July, the NBHW requested that RMKL coordinate secondary transportation of any ill or injured evacuees. It was later clear that the need for this was negligible. No transportation was necessary by aircraft or helicopter. RMKL was also given the task by the NBHW to forward flight times for arriving aircraft around the clock to Stockholm County Council, Region Skåne and the NBHW as well as the airport municipalities Hälaryda,

Sigtuna and Svedala. Both the work with secondary transportation and forwarding flight times was rendered more difficult since the airports of departure gave insufficient information. The various evacuation flights were not identified using their unique flight numbers either.

When the evacuation flights started to arrive at Landvetter, Västra Götaland Region reinforced Härryda municipality's POSOM group with doctors and nurses from primary care and with personnel from the PKL group at Södra Älvsborg Hospital/Borås and Sahlgrenska University Hospital/Östra. All of the hospitals in the region were informed and inventories of resources were made at the general hospitals with emergency care facilities. The chairman of the crisis management board and the director of the region were continuously updated.

Information about the evacuation from Lebanon was published on the region's website. There was also information on the website for those returning home. When medical personnel from Västra Götaland Region returned there was a press conference arranged at the Pre-hospital and Disaster Medical Centre (PKMC) premises in Göteborg.

County Council of Östergötland

On 16 July the NBHW contacted TiB for Östergötland County Council (ÖCC). The same evening the County Council established Regional medical management for emergencies, which was active for 15 hours. The county council official on call took care of all further contacts related to the evacuation from Lebanon. The Regional medical management for emergencies stayed in continuous contact with the Regional medical emergency administration in Västra Götaland Region to be able to prepare for the reception of those returning. They also coordinated internal information and information to families and the media.

On Friday 21 July the county council official on call was once again contacted by the NBHW. This time the NBHW wondered if the county council could send medical personnel and personnel from its PKL group to Cyprus. The next day personnel from the county council were on the way.

On Monday 24 July there was one further request from the NBHW to send medical personnel to relieve the medical personnel already on Cyprus. A total of 10 people participated in direct evacuation work.

The airport municipalities Härryda, Sigtuna and Svedala

Härryda, Sigtuna and Svedala municipalities in their capacity as airport municipalities for Landvetter, Arlanda and Malmö airports respectively took a large part of responsibility for receiving returning evacuees.

Sigtuna municipality received about 8,000 people returning home to Arlanda Airport in conjunction with the evacuation from Lebanon. Approximately 70% of these people had their residence outside the Stockholm region and needed help with onward transportation. Härryda and Svedala municipalities, which received evacuees at Landvetter airport and Malmö airport respectively, coordinated onward transportation of those returning home.

Sigtuna municipality was informed by the MFA on Sunday 16 July about the impending evacuation. The municipality had responsibility for social

services in conjunction with the arrival of evacuees at Arlanda Airport. The social services and the Emergency Social Services Nordväst were contacted by the emergency social services of Stockholm, who in turn had been contacted by Stockholm County Council with a request for municipal action during the coming night and morning. The MFA, the Ministry of Health and Social Affairs and the NBHW discussed the issue and judged that Sigtuna municipality had the capacity to handle the situation, which was believed to concern a few hundred people.

During the first 48 hours it was unclear who would take the financial responsibility for measures at Arlanda Airport. On the evening of 18 July the Ministry of Health and Social Affairs announced that LFV would pay for all costs in connection with the reception of evacuees at Arlanda Airport.

During the night between 17 and 18 July LFV took the initiative to arrange a preparatory meeting with representatives from Emergency Social Services, the Police Authority and Stockholm County Council. At this meeting the foundations were laid for the plan which would later be extended.

The majority of evacuees were certainly exhausted but generally uninjured physically. Most of them did not live in the Stockholm area and many wished to continue their journey home as quickly as possible, so from an early stage the social services focused on solving their transportation problems.

During the first hours there was no room available to receive people returning home and they were gathered in the arrival halls. But during the evening of 17 July LFV made available special rooms. LFV also had special personnel who could take over work from the social services in booking trips for the evacuees. Thanks to these measures, they were able to be received more efficiently.

All people returning home went by bus to the gate which was specially intended for evacuees, where they were registered by the police. Personnel from the social services were also present and in some cases personnel from PKL. Their task was to inform people about the help and support that was available in the specially arranged reception centre. There were personnel from the Red Cross in the arrivals hall who informed about and showed people to the reception centre. Once they had got to the reception centre, evacuees were shown to different tables depending on their municipality of residence. Decisions were made there about assistance for people returning home or staying at hotels. There were also personnel from LFV, SJ and SAS there to help booking trips home. At the reception centre there were also representatives from the MFA, PKL, the Red Cross, the Church of Sweden and medical personnel.

After the first days most home transportation was arranged using chartered buses. The buses had blankets, coffee and sandwiches and all bus drivers had contact information to relevant emergency social services in order to be able to pass on information or seek help and support if necessary. The municipalities of residence were given information in advance about arrival times, passengers and contact details of bus drivers.

Härryda municipality was informed through its official on call late in the afternoon on 16 July by Västra Götaland Region that they would possibly require help at Landvetter due to the impending evacuation from Lebanon.

Municipal politicians were informed, but it was not considered that the emergency management board would need to be involved. In the initial stages Hälaryda municipality had coordinating responsibility for receiving arrivals from Arlanda Airport to west Sweden. To solve the task, the municipality worked together with Göteborg municipality and their crisis management. Later Göteborg municipality was responsible for receiving those coming by bus, while Hälaryda municipality was responsible for receiving air passengers.

On 18 July a municipal management unit was set up at the airport and a POSOM group was there from that time on. During the first week there were personnel from POSOM, emergency social services, the Red Cross and the Church of Sweden; further reinforcements in the form of one PKL group, a medical care group and an ambulance were present when direct flights from the evacuated area landed. Later the work was managed from the municipal offices, with only a small group available at Landvetter.

The reception involved mainly social measures, for the most part help in travelling home and in certain cases arranging accommodation. Since many had been travelling for a long time they were given food and drink at the airport. Most people returning wanted to have help in getting home as quickly as possible, and only a few could organise transport home themselves. The evacuees came from places all over southern Sweden, which made it more difficult to organise transportation. In general this was solved using buses chartered by the municipality. One or two people took advantage of the opportunity to see a doctor at Landvetter.

During the whole time period about 500 people came by direct flights to Landvetter and a further 700–800 by regular flights.

Svedala municipality's acting director was contacted by the chairman of the municipal board late in the evening on 16 July. The chairman explained that there would possibly be an aircraft arriving at Malmö airport with Swedes evacuated from Lebanon. The municipality arranged emergency preparedness in the form a Svedala POSOM group and emergency social services.

During the period 17–24 July the POSOM group was active at Malmö airport.

The NBHW contacted the acting municipal director on the morning of 25 July to notify him that three aircraft with about 30 people from southern Sweden onboard would be landing at Oslo airport, Gardemoen. The MFA had decided that a bus would take them from there to Arlanda, Landvetter and Malmö, where people would register and then continue to other parts of the country by other means of transport. The crisis management staff unit at Malmö airport and the MFA decided that these people would be registered at Landvetter and then transported by bus to Malmö Central Station. The crisis management staff unit at Malmö Airport put the Malmö City POSOM group in touch with the group from Hälaryda municipality. Later the same day it was decided that there would be special preparedness for emergency social services at Malmö airport, which could receive people on regular flights from Arlanda until Monday 31 July.

All regular flights from Arlanda were met by a delegation of crisis support personnel; if necessary there was a special room organised for the purpose. Passengers coming on direct flights from Damascus and Larnaca

could, after registering, go to a canteen where they could receive crisis support and something to eat. Those that needed help with transportation home were registered in one part of the room. LFV coordinated travel home.

Authors' comments

None of the three major airport municipalities was prepared for the rush of people who needed support from the municipality in an emergency situation such as was the case. It is important that the major airport municipalities prepare for a similar event and include this in their preparedness plans.

It was unclear who had the financial responsibility for measures at the airports. It was solved temporarily by LFV taking responsibility at Arlanda Airport. It is important in the future to decide who has the financial responsibility for work at the airports in advance, so that problems do not arise in an acute situation.

Other aspects

Many of those returning home were no longer registered in Sweden. It was unclear which municipality would have responsibility for these people: the airport municipality, the last municipality the person was registered with, or the municipality to which the person wished to travel. The NBHW made the following assessment during the emergency: the municipality where the person is staying cannot refuse to help and refer the person to the last municipality where he or she was registered before moving to Lebanon. It is the municipality where the person is actually staying that has responsibility. Furthermore, a municipality cannot stop a person from travelling to the municipality of their choice. When somebody lives in a municipality and applies for help, *that* is the municipality which is responsible and which must examine the application. This is the case in an emergency situation. If a person applying for assistance plans to live for a long time in the municipality, it is appropriate to make an individual investigation in every separate case.

Authors' comments

It is important to clearly establish which municipality has responsibility for a person lacking residence in Sweden. According to the interpretation of legislation, it is always the municipality of residence where the person is at the time which has the responsibility in an emergency situation. The person is free to choose which municipality he or she wishes to travel to. This area may need to be further investigated and the rules clarified.

It is important that crisis groups have access to legal expertise.

Evacuation work on site

The SRSA support force central staff unit was established on Cyprus, where most of the evacuees came by ship before they were flown home to Sweden. Personnel from the support force were also in place at Aleppo and Damascus in Syria, Mersin in Turkey and in Beirut, with personnel from the MFA and embassy employees.

Initially, the person appointed as the medical incident commander on Cyprus among the medical personnel was given the task of coordinating all

measures. As operations expanded the common decision was taken that the medical incident commander on Cyprus would be responsible for Lebanon and Cyprus, while measures in Turkey and Syria would be coordinated by NBHW in Stockholm.



Figure 2. A member of the support force on the way to Cyprus in a Hercules airplane. Photo: Eva-Lena Demarin

Lebanon

A Ministry for Foreign Affairs official who was on holiday in Lebanon during the initial stages of the crisis took control of activities at the Consulate General in Beirut on Thursday 13 July. Thanks to this, work in organising the first evacuation transport was started at an early stage. On Friday 14 July the MFA official was given the go-ahead to recruit necessary personnel locally, since the security situation made it difficult to arrange reinforcements from Damascus. A text message was sent to all Swedes in Lebanon to inform them that an evacuation was being prepared.

The following day, Saturday 15 July, about 15 buses had been chartered for the evacuation by road to Aleppo in Syria. At the same time work was carried out to prepare manifests for ships chartered to be used when the sea route was opened to evacuate people. On Sunday 16 July the bus evacuation was started. A total of about 1,100 people were evacuated by bus, most of them during the first 24 hours. Lebanon, Israel and Hizbollah had given verbal assurances that no attacks would take place along the planned route.

On Monday 17 July reinforcements consisting of around 15 people came from Sweden. One doctor from the assessment team who had been sent to Cyprus and after a strong request from the MFA had chosen to travel on to

Beirut arrived on Monday and remained there on commission from the NBHW. Many families waited for hours in the heat of the parking area outside the Consulate-General to get information and help in leaving the country. Those who could not leave the same day had to stay in one of two hotels in Beirut and leave later.

From Tuesday 18 July and onwards people were mainly evacuated by sea, predominantly to Cyprus. Others were evacuated along the road route to Syria, but to a lesser extent than during the first days since the buses were needed for transportation from hotels to the harbour in Beirut.

During the first days, the work with transporting people from assembly points at the hotels to the harbour and then embarking was very awkward and time consuming. All passengers were forced to be registered with their names, identification numbers and passport numbers in computer lists before they could board the buses, during which process all passports were collected with the consequence that they then had to be handed out again.



Figure 3. Registering passengers by computer prior to embarkation on the buses for transport to the harbour was clumsy and time consuming. Photo: Louis Riddez

It was also difficult to prioritise sick, handicapped, elderly people and families with children since almost everybody fell into one of these categories. Attempts at giving priority sometimes took longer than unchecked loading. Many people were stressed and worried about not being included, and afraid after having been near bomb blasts. In spite of the difficult working conditions, the group in place worked well and measures were performed as efficiently as possible. The doctor's presence was perceived as extremely valuable, even though the number of medical measures was limited. Through his presence alone the doctor had a calming effect on those who were fleeing the country as well as the team working with the evacuation. In addition, the doctor could deal with the medical and psychological problems that were difficult for others to assess, and could also make a medical assessment of whether patients could undertake a long and strenuous journey. Those who were not able to continue on Tuesday were somewhat reassured by the knowledge that many had been able to leave during the day and that the probability of their being able to leave on the following day was good.

By Wednesday 19 July enough people had left the country that the situation became more manageable. The whole procedure of loading and unloading buses and embarking on ferries became smoother as the passengers themselves were allowed to fill in their details on lists that were sent around when everybody was in place on the buses. This method of working saved a lot of time, and it often feels better for those being evacuated to be able to participate in the work and actively help. Reinforcements were also present in the form of three experienced policemen, which made the work considerably easier. In the harbour there were still long waiting times as a result of delays caused by a shortage of pilots and the Israeli decision that no ships were allowed to stay in the harbour during the hours of darkness.



*Figure 4. Alighting from the buses and embarking on the ships in the harbour of Beirut gradually became smoother but the waiting times were still long.
Photo: Louis Riddez*

There was no time to visit hospitals to find out if there were any injured Swedes there.

On Saturday 22 July the doctor from the assessment team flew home and was replaced by another doctor on Monday 24 July. On 25 July, after 10 days of intensive work, almost 7,500 people had been successfully evacuated, which was the majority of those who wished to have help in getting to Sweden. There were still a number of people who wanted help to leave Lebanon, but considerably fewer than previously. The evacuation now took place to a large extent in cooperation with other countries. The MFA had direct contact with Swedes remaining in southern Lebanon to inform them that they could get out of the country by following smaller convoys arranged by other countries. By the end of July virtually all Swedes who wanted to leave Lebanon had been evacuated.

Out of a total of 8,400 people evacuated, shortly under 50% were children, of which not quite 40% were less than seven years old.

Authors' comments

Even though the medical problems as such were relatively limited, the presence of the doctor provided security for the other personnel who were at least relieved of medical responsibility, which can be a great burden.

It is also important to make medical assessments before a relatively arduous journey, which the doctor could do. A doctor can also have a good overview of other team members and can note symptoms of stress, overwork, lack of sleep or psychological influence in the situation at hand.

A person who chooses to accept similar missions must be flexible however, and prepared to perform many other tasks outside the area of medical tasks.

If the situation demands that passengers and luggage must quickly be taken on board, the doctor must reduce medical priorities to the most essential: severely handicapped or elderly people who are less able to move. Otherwise a system of priorities may take more time than if people are allowed to board without being controlled, which can mean that the waiting time for weak people will be even longer. The number of families with children is so great that in principle everybody has priority. There are far fewer young, single, strong men in this type of situation.

Syria

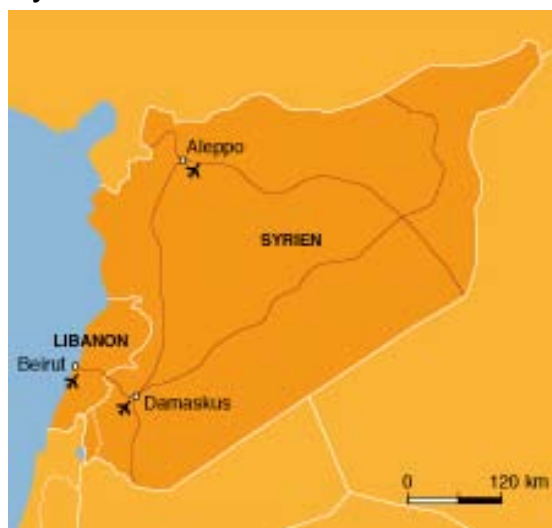


Figure 5. Initially the evacuation from Lebanon went to Aleppo in northern Syria since the main road to Damascus was not passable. Eventually the evacuation could go directly to Damascus instead. Illustration: Typoform

Initially the only way out of Lebanon was through Syria. Since the main roads from Beirut to Damascus had been bombed, people had to be evacuated along the road to Aleppo and from there flown home to Sweden. After a few days the road was again opened to Damascus and people were evacuated by that route instead.

Aleppo

On Sunday 16 July personnel from the MFA and the SRSA were flown to Aleppo. They were going to prepare for the reception of evacuees who would arrive on chartered buses from Beirut. The embassy in Damascus had

engaged a local businessman who made measures considerably easier. He had previously been a refugee coordinator Sweden. The following day, Monday 17 July, the reception centre in Aleppo was reinforced by about 10 people from the support force, including more medical personnel. During the first 24 hours, about 750 people arrived in chartered buses as well as people that had managed to get out of Lebanon individually. After Tuesday 18 July people continued to arrive in Aleppo but in considerably smaller numbers than previously. For this reason a number of personnel were reallocated on Wednesday to Damascus, where more people had started to arrive now that the road there was passable. In spite of the pressured situation, everybody was successfully transported by air back to Sweden. Those who did not travel onwards directly had to overnight in hotels in Aleppo. The need for physical medical care was limited and mainly consisted of helping people who had symptoms of stress, exhaustion and dehydration.

On Sunday 23 July, it was judged that no more bus convoys were needed out of Lebanon, and the reception centre in Aleppo was closed.

Damascus

Work was heavy for the embassy personnel during the first days of the evacuation and they only had small resources to use. They worked for much of the time producing manifests and helping with passport documents. The premises were cramped and in the process of being rebuilt, and the entrance was on the second floor in a building with a narrow staircase. When several buses with evacuees from Lebanon arrived at the same time, the situation at the embassy was intolerable. Passengers were in general extremely tired after a long bus journey with too little to drink and irregular mealtimes. The bus drove through a troubled Lebanon in 40 degrees of heat. Most people were relieved after they passed the border to Syria but many had left behind relatives in Lebanon and were of course worried about them.

On Wednesday 19 July badly needed reinforcements arrived from Aleppo in the form of medical personnel, as well as personnel from the SRSA, the Red Cross, Save the Children and the NPB. After this the work was organised so that the days started with a morning meeting with personnel from all areas. Information was given at these meetings about how many people were expected to arrive in the next 24 hours. Personnel were also informed of the number of evacuees already staying at hotels in Damascus or in private accommodation while waiting to travel home. The MFA also provided information at the meetings about which aircraft would be arriving and when.

Personnel from the embassy, the SRSA and the NPB then worked with updating lists. Constant worries arose regarding these lists, when people who were on the list at the embassy were missing during checks at hotels before the journey to the airport and people from the previous day's lists turned up instead. The whole time personnel were given information about families who had travelled to the airport on their own initiative, gone to stay with relatives or not arrived at the airport in time. The mobile telephone network was also overloaded, meaning that the mobile telephone numbers on lists did not work. During the daytime medical personnel and personnel from the Red Cross and Save the Children visited hotels and a nearby

church where evacuees were staying. Personnel made medical assessments before people travelled home and helped out with other problems.

In the evenings personnel worked at the airport to get all the passengers onto the aircraft. During the first evening, Wednesday 19 July, when reinforcements had arrived from Aleppo, the situation was chaotic at Damascus airport. The weather was very hot and there were poor sanitary facilities in combination with too many people. Many people fainted or had panic anxiety attacks. Many children fell over and hurt themselves, many vomited and some lost contact with their families.

Work was better at the airport on subsequent evenings however, and after 23 July there were in principle no Swedes left in Damascus. On 24 July parts of the support group went home, but medical personnel, police and a Save the Children crisis support representative and their group manager remained in place. The medical personnel had been replaced on 21 July. The evacuation work continued with registration, passport control and help with transportation, but there were fewer evacuees and the situation was easier to manage. After 26 July manning levels were gradually decreased and on Monday 7 August the last medical personnel went home.

Authors' comments

Medical requirements in Damascus, exactly as in Lebanon, were relatively limited and consisted to a large extent of helping with crisis reactions, nausea, diarrhea and dehydration – and providing sympathy. Some people had travelled to Lebanon for operations such as cosmetic surgery for noses or breasts, and hernias. Medical personnel helped them with straightforward dressings and draining. Another common situation was pregnant women in the final stages who wished to go home to Sweden. It was not uncommon that women had travelled to Lebanon in the last stage of pregnancy to give birth there. But flight rules are clear and without exceptions: pregnant women are not permitted to fly after week 38. These women were taken to hospitals in Syria to give birth and their family members had to stay in hotels. The administration involved was long and time-consuming, and the MFA had to help with payment undertakings.

Cyprus



Figure 6. Evacuees gradually started to arrive by boat to Cyprus from Lebanon. Illustration: Typoform

On Sunday 16 July the SRT assessment team flew to Cyprus with personnel from the MFA. Together they were going to prepare the evacuation from Lebanon and judge whether further reinforcements were required. Soon afterwards other parts of the SRSA support force arrived on Cyprus. The majority of evacuees travelled via Cyprus and then flew on to Sweden. One of the two doctors from the assessment team continued the same day on to Beirut. The staff units had at most approximately 40 personnel at their disposal and received good support from the Cypriot Civil Defence, who lent them small but functional premises for the staff unit to work in. The personnel received help at an early stage from Swedish travel guides who were living on Cyprus. A Swedish priest stationed in Larnaca, his summer replacement and the latter's wife, who was a qualified psychotherapist, also helped in the work.



Figure 7a) The staff unit on Cyprus had at their disposal small but functional premises lent to them by the Cypriot Civil Defense. Photo: Patrik Sjödin

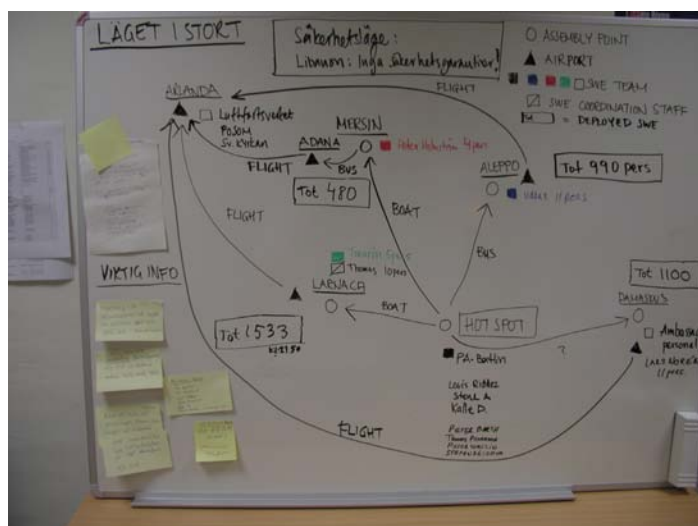


Figure 7 b) Overview of the staff unit's work. Photo: Eva-Lena Demarin

After Monday 17 July the Swedish personnel were responsible for coordinating the reception of the citizens of other EU countries since they were first in place in Larnaca. The same day evacuated Swedes started arriving on Cyprus. In the evening personnel were reinforced with three more medical personnel and a crisis support coordinator, and on Tuesday 18 July a further eight medical personnel and crisis support personnel arrived. Two people were sent on to Turkey to help embassy personnel from Istanbul to receive evacuees coming by ferry from Beirut. Since the number of personnel on Cyprus was reduced after some had travelled on to Lebanon and Turkey, there were not so many left to coordinate. This meant that some of the staff were forced to work in the field. The circumstances as a whole meant that medical personnel needed to work almost around the clock to manage the situation.

The need for medical care was limited but medical assessments of various types were constantly in demand. For example, people with chronic illnesses, those about to give birth or those who had just given birth were examined to ascertain whether they could safely fly to Sweden or if they required medical care on the spot. Personnel tried first to give priority to people according to their needs, but that proved to be impossible. People returning home that arrived on Cyprus were exhausted and at times angry. They did not respect priorities and it was difficult in terms of logistics to make priorities work. Priority in this case only meant a few hours' shorter journey home.

An almost 80-year-old woman had chest pains at the airport. She was quickly taken to hospital where she later died from the after-effects of a heart attack. This was the only case of death documented during the operation.



*Figure 8. Registering evacuees on Cyprus at the reception areas.
Photo: Eva-Lena Demarin*

On the night of 19 July there was a massive stream of evacuees that arrived on Cyprus, and during the next 72 hours the number rose to about 4,000 people. They arrived mainly at the harbours in Larnaca and Limassol, but also in Famagusta. From there they were taken to each country's reception centre in the terminals set aside for this purpose. Personnel received great help from the Cypriot Civil Defence and volunteers, many of whom were Cyprus Swedes. Arrivals were registered at the reception centres by personnel from the MFA and the NPB. Medical personnel were also available and made medical assessments before the onward journey home. The evacuees then travelled on, either to a congress centre or to different hotels while waiting for a flight home.

The sea crossings were often long and without proper access to food or water, so many people arrived tired, hungry and thirsty. Some were grateful to escape from the war, while others complained about the conditions around them. These were hallmarks of the work on Cyprus: frustration, anger, accusations of different sorts and unpleasant verbal attacks – but also friendly smiles and much gratitude to the personnel there and to Sweden.



*Figure 9 a) and 9 b) The work on Cyprus with arranging onward transport for all who were to return to Sweden went on almost around the clock.
Photo: Anders Åslund*

On Wednesday 19 July the flights from Larnaca back to Sweden started up. During the period 19–23 July people were evacuated on more than 20 flights from Larnaca, mainly to Arlanda, but also to Landvetter and Malmö. Work with receiving evacuees in the harbours, transporting them between harbours, assembly points and airports, and then organising flights home continued more or less without respite during these days. After 23 July evacuees flew home to Sweden from Pafos airport instead. The airport at Larnaca is designed to handle a certain number of charter flights under normal conditions. The airport was quickly overloaded since other countries' evacuation flights also took off from there and ordinary flights continued to arrive and depart. The check-in counters were arranged in a U

shape, so all queues crossed each other in the middle of the U. People had to wait inside in the crowds and heat of the check-in halls as well as outside.

Over 1,000 Swedes were evacuated on Friday 21 July alone. The situation was particularly chaotic at the airport, where the personnel force at one point consisted of four to five people who were dealing with 750 frustrated Swedes, along with all the others who were there at the same time. Reinforcements arrived in due course in the form of Swedish police, Ministry for Foreign Affairs officials, people from the church and others from the staff unit. The personnel tried to make priorities among the people returning home but they were seldom respected despite the fact that the time gained was often only a couple of hours, and at most 24 hours. The situation became increasingly difficult to handle since information about aircraft – flight numbers, capacity and arrival/departure times – was constantly changed. On one occasion the airport had to break off the check-in process because the Cypriot Civil Aviation Authority had not approved the company in charge of check-in. The situation was solved in the end thanks to helpful airport personnel. Tensions at the airport reached a high point when it turned out that Israeli charter passengers were checking in next to the Swedish check-in desks where most people checking in had a Lebanese background. Israeli security personnel and Cypriot police prevented a confrontation and the Israeli tourists were checked in unusually quickly.

Even after 23 July evacuees continued to arrive on Cyprus, but not in the same numbers as previously. On the night before Tuesday 25 July two aircraft took off with evacuees, this time from Pafos, and on Tuesday evening two aircraft left with Swedes from there. After that there were a few isolated flights home to Sweden from Cyprus every day, and the operation was then gradually scaled down.

A large part of medical work involved psychosocial care and solving problems and conflicts. Evacuees were offered organised crisis support in the harbours on arrival, at airports, when leaving and through personnel visiting hotels. In the final stages of the evacuation there were fewer arrivals who also had to stay long on Cyprus. Crisis support changed in character since victims had a greater need of supportive talks, both individually and in families.

Lack of sleep among personnel was a constant problem that was difficult to solve as all the work took place over only three to four days. Personnel turnover was very fast; the medical incident commander was replaced on average every fourth day.

Crisis support – psychological first aid – some valuable experience

- Ready-made crisis support packets for children are needed, containing e.g. crayons, pens, paper and comics. Tissues, nappies and dummies could also be included.
- Plan to meet children's specific needs, and treat them on the basis of their capacity to think and understand.
- Give correct and updated information to people being evacuated.
- Meet basic needs such as food, water and medical care as needed.
- Screen people passing by and speak to those who look weighed down; give them support if needed.
- Be a good example and be present to inform and answer questions. Personnel must always show calm and patience, and take the blame for mistakes, delays and poor information.
- Encourage a positive attitude by focusing on difficulties that individuals have solved in a good way.

Authors' comments

The need for physical care was limited also during the operation on Cyprus. The most obvious problem evacuees had was lack of sleep and exhaustion, combined with anxiety and worry after traumatic experiences. Much of the work centred on satisfying basic needs and giving psychosocial support. The response of evacuees was clear; many felt great security in the Swedish medical competence, emphasising the psychosocial aspects. Many evacuees were children of different ages. They had special problems: disturbed patterns of sleeping and eating, the heat, and drinking enough liquids. There were many women who had recently given birth or were about to, and many elderly people with chronic complaints such as diabetes, cardiovascular diseases etc. One of the most important tasks was to make medical assessments of evacuees before the flight home, and in certain cases ensure that people with symptoms of serious illnesses got to a hospital. The only documented death during the evacuation was a woman of almost 80 who died in hospital of complications after a heart attack at the airport.

All medical incident commanders are satisfied with their work and believe that cooperation within medical care and with other authorities in place (MFA, SRSA, police, voluntary organisations) worked well. For Swedish authorities the main differences compared with the Asian tsunami disaster was that this time there were no casualties. Other differences were that there was a functioning organisation and that Swedish authorities were in place 24 hours before the real rush of Swedes started.

Flights to Sweden

The first information to SNAM (Swedish National Air Medevac) and the role of the NBHW in the events in Lebanon came via the county administrative board in Västerbotten on the evening of Sunday 16 July. The message was not intended for SNAM, but was really addressed to the official on call in Västerbotten County Council. The message indicated that the NBHW had assumed staff status on Friday 14 July and further raised that to reinforcement status on Saturday 15 July. The SRT had already gone to Beirut, Larnaca and Damascus.

The VCC official on call was also medical project leader at SNAM, and it was then natural for the official on call to contact the NBHW to check whether there would be an air evacuation of injured or ill Swedish citizens from Lebanon. At that time, about 21:00 on Sunday 16 July, a medical evacuation was not on the cards since there were no reports of injured Swedish citizens from Lebanon.

The medical project leader in SNAM was recruited to the NBHW staff unit as a medical expert and staff doctor from Monday 17 July. He was then replaced by colleagues from Västerbotten County Council's SNAM organisation. The staff doctor post at the NBHW was manned until 25 July. The question of the need for medical evacuation was followed daily but the SRSA assessment team in place saw no such need. The first aircraft with evacuees arrived at Arlanda airport as early as Monday 17 July. On Tuesday 18 July the staff unit heard that there were cases of illness among the evacuees onboard aircraft, including central chest pains, asthma attacks and fainting.

The NBHW also received information from the SRSA support force that there had been cases of diarrhoea, vomiting and dehydration among the evacuees, and that there were many elderly people with complicating illnesses such as cardiac insufficiency, diabetes and epilepsy among those who had arrived on ships or buses from Beirut. On the basis of all the above information, the NBHW planned to reinforce evacuation flights with medical personnel from SNAM.

There were two overriding questions that arose: could parts of the SNAM organisation be used for this, and who would carry responsibility as health care provider for the medical care given under the medical operation? After consulting with the Swedish Civil Aviation Authority, it was agreed to use personnel, clothes and medical equipment from SNAM on the condition that SNAM's operative capacity was not affected. The acting director general at the NBHW appointed VCC as the responsible care provider and the county council director of VCC accepted that.

SNAM's organisation for recruiting nurses and doctors from the available group of approximately 100 with aeromedical training was activated at 13:00 on 19 July. At midnight the first group of nurses flew to Larnaca, and a second group flew down in the morning of Thursday 20 July.

During the time period 19–25 July, almost 7,500 Swedish citizens were evacuated in 53 aircraft chartered by the MFA. Medical personnel from SNAM manned 24 of these aircraft and medical personnel flew with a further 10 or so aircraft from Region Skåne and with returning medical personnel from the SRSA support force. Passenger aircraft of the type MD 80 were used for the flights as well as the different models of Airbus and Boeing. The great majority of aircraft was full and had between 101 to a

maximum of 463 passengers on a Boeing 747. The average number of passengers was 150 or 210 however, depending on the aircraft type.

None of the aircraft was adapted for a medical evacuation. On every aircraft there were two nurses or one nurse and one doctor from SNAM. The medical conditions that needed attention among the evacuees were largely connected with already existing illnesses that had been exacerbated by stress, too little food and drink and lack of medication. There were cases of diabetes with dehydration and far too high or low blood sugar values, asthma, epilepsy, angina pectoris and cardiac insufficiency, diarrhea, vomiting and kidney stone conditions, to name some. Traumatic injuries were absent apart from minor cuts and bruises.

Simple measures such as a nurse walking around to everybody and offering them alcogel or disinfectant handwash had a calming effect on the passengers, at the same time as it decreased the risk of contagious infections and gave the nurse a chance to assess the condition of each passenger in turn. A tablet of paracetamol likewise had a calming effect on those who were most stressed even though that is not what the medication is intended for. In some cases people were given sedatives, inhalers for asthmatics, intravenous drips and pain-relieving injections. In one case treatment was given to save a person's life by keeping the respiratory passages free during an epilepsy attack.

SNAM personnel received good help from personnel in the SRSA support force. The psychiatrist who had the almost impossible task of single-handedly organising the check-in of the evacuees should be given a special mention.

SNAM medical personnel also had the task of helping personnel from SRSA and MFA in organising information for and giving priority to those being evacuated from different airports. Conditions at the different airports, Larnaca, Pafos and Damascus, were often chaotic and there were high levels of stress and frustration among evacuees.

Management of the aeromedical operation took place from staff units at Arlanda and Umeå.

Authors' comments

The presence of aeromedically trained personnel was seen as positive by everybody. These personnel travelled down on chartered aircraft to be available for Swedish evacuees during their flights home. They relieved other personnel by taking care of all illness-related issues. They were also an excellent crisis support resource and were a very useful in creating some order at the airports.

- *Recruitment of personnel with aeromedical training from SNAM for medical operations other than purely SNAM operations works quickly. Recruitment is organised through lists drawn up for SNAM and takes place via e-mail and mobile telephones.*
- *Travel to Arlanda Airport from different parts of the country can be arranged almost around the clock.*
- *SNAM's clothes are suitable since they are conspicuous and functional, but they are too warm for operations in this part of the world. More sets of tennis shirts are needed above all so that*

personnel can change them when they are working on several consecutive missions.

- *Medical equipment and medication for this type of operation is different from that required for a purely SNAM operation. For this reason SNAM needs to adapt the equipment for more conventional illnesses and patients that are awake, with a larger selection of oral medication. Other medications needed are those for treating pain (light oral analgesics), asthma (such as terbutalin), diabetes (insulin) and vascular spasms (nitro compounds).*
- *It is important that there are reconnaissance teams at evacuation airports to ensure efficient evacuation. In the case of extensive evacuations such as at Larnaca, it would have been valuable to have a small staff unit of at least two people at the airport. Such staff units could receive people and give evacuees necessary information. They could also operate as a link to the Swedish staff units for medical personnel that come to the country.*
- *All personnel must be equipped with working mobile telephones to enable communication with each other, SRSA personnel and with staff units in Sweden.*
- *Consideration must be taken to cultural differences. Teams with both women and men can solve many conflict situations. In some cases there was a risk of real confrontations between male passengers and male medical personnel. These could have been defused by allowing female medical personnel to take over.*
- *The reception organisations at Swedish airports worked well for the most part. In some cases doctors were needed out at the aircraft – for instance in the case of heart attacks – which had not been prepared for despite ambulances and doctors being ordered from the aircraft. The organisation for psychosocial reception of children travelling alone did not work as well as it could have done and must be improved. Reception organisations in general need to be improved and trained.*
- *Some of those responsible for medical operations were criticised after the operation because it had been described as a SNAM operation, although it was not. But experience from this operation shows that SNAM is a concept that can be used wholly or partially, depending on current needs. SNAM personnel must be prepared to be flexible in their ways of thinking and not focus on one model only, and SNAM's equipment must be utilised and prepared. SNAM can manage everything from a full-blown SNAM operation with intensive care stretchers to SNAM light with MD 80 aircraft and military stretchers to, as in this case, supplying personnel trained in aviation medicine and equipment for standard passenger planes.*

Return

There have not been any studies that can answer questions about how many people have returned to Lebanon, how many have homes in Sweden or how many have jobs in Sweden.

Discussion

The Authors' Reflections on the Activities in Sweden

In general the players involved are positive to how the evacuation work was performed. Several of them state that experience from the 2004 Asian tsunami disaster resulted in the evacuation work from Lebanon being more efficient. Certain aspects of the work went extremely well, while other parts can be improved.

Emergency Management Group at the Ministry for Foreign Affairs: Those who took part in work in the emergency group feel that it generally worked well and fulfilled its function. The role of the group is to be a forum for coordination and anchoring between the departments and authorities affected. The broad composition contributed to all participants being always updated with correct information, and any unclear items could be quickly cleared up.

The Ministry for Foreign Affairs' emergency unit: The emergency unit is there to be sent out as reinforcement for foreign missions as needed. During the operation in Lebanon, the emergency unit was too small due to the scope and the rapid course of events. The MFA will draw advantage of the experience the unit gained in terms of leadership characteristics, communicative capacity and group dynamics when they put together an action force in the future.

Joint action between authorities and other players: During the work in Lebanon the tasks of the various authorities involved were unclear, and the different authorities and players had different perspectives on security issues. The authorities that participated in the work above all want the MFA to control the work more clearly in the future. The allocation of responsibility between the MFA, the RPS, the SRSA and the NBHW can be made more precise. It was for instance unclear who was doing what out of the SRSA and the NBHW regarding medical personnel from the support force. Prepared tasks for the assessment team, medical director, support teams, crisis coordinators and crisis supporters have been proposed. The roles of Swedish Emergency Management Authority and County Administrative Boards can also be clarified.

Registration and lists: Guidelines, procedures and paths of communication were missing during the work with registration of injured people, ill people and others. Lists of personal data, passengers, flights and so on were also missing.

Alarming the official on call: SOS Alarm was given the task of alarming the officials on call in all the county councils on the evening of Sunday 16 July. Contact had been established after 60 minutes with 12 county councils and regions, and after one further hour contact had been made with all county councils apart from three. It was not until 16 hours after the alarm, on Monday 17 July, that contact was made with the last county council. A relevant question here is: what is a reasonable length of time for the alarm to

reach all involved? The position of the official on call varies between different county councils and regions. Some have well established procedures for cooperation with other players, while others do not have stipulated procedures or clear directives regarding responsibility and powers. One county council had no official on call at the time. In one case contact was established with the county administrative board's decision-maker on duty instead of the person requested: the county council official on call.

Cooperation between county councils and municipalities: In general all county councils and regions are satisfied with the cooperation between the authorities involved, county councils and regions, county administrative boards and municipalities. Information from the MFA and the NBHW was updated and comprehensive. The initial action by the NBHW and clarity from the MFA was valuable for the operation. The daily telephone conferences which gave participants the opportunity to discuss and clarify certain issues provided good conditions for cooperation between SOS Alarm, the NBHW and the urban regions, and were particularly appreciated.

Reception work at the major airports: Cooperation at the airports worked well and many people involved feel that they learned lessons in this work in conjunction with the 2004 Asian tsunami disaster, which facilitated cooperation during this operation. The information about the evacuation and the need for resources at Arlanda Airport was initially very poor, which resulted in the first reception of evacuees taking place in the arrivals halls. When needs became clearer an arrivals centre was established, which made the reception of evacuees easier.

In the cooperation that took place between the Government Offices and authorities it would be good if other players, such as representatives of the major airports, were also represented.

LFV shouldered the financial and practical responsibility of booking flights for those returning home - a task for which LFV does not normally have responsibility and had therefore neither planned nor prepared for it. It is important in continued work to find forms of reinforcing and manning those players that have responsibility for this task, and to clarify the distribution of responsibility so that the players are able to prepare adequately for a situation.

In order to facilitate the reception of evacuees in Sweden there is a need to produce guidelines, procedures and paths of communication to deal with the registration of injured people, sick people and others, as well as lists with personal data, passengers, flights etc. Solutions to practical problems such as quickly finding means of transport and accommodation are also needed.

One of the airport municipalities lacked information from a central authority or county administrative board in the initial phase and also wanted to receive clearer information from either the MFA or the NBHW concerning how and with whom cooperation should take place. There is a need at a central level to clarify the responsibility of municipalities in this type of situation.

Certain "home municipalities" were difficult to contact since they had no officials on call.

The Authors' Reflections on the Evacuation Work

The prevalent feeling of those who participated in the evacuation is that of general satisfaction with how the operation took place. Cooperation between the personnel from the different authorities and organisations in situ worked well thanks to experienced personnel that were focused on solving the task in hand, and who in certain cases had trained together. Several of those who had worked with the evacuation said that they had received great support from Sweden, and that the rear management from the NBHW had worked well.

Although the need for direct medical services was very limited, those involved pointed out the importance of medical personnel being present. They could relatively easily cope with the needs for medical care that arose as well as making medical assessments before the journey home. A disaster medical education is invaluable in this type of situation when personnel are working under stressed conditions and with a minimum of equipment. It is also important that personnel are flexible and unassuming about tasks that are not of a medical nature but which may have a decisive significance for the quality of care and the final result. The victims felt a certain security in having access to Swedish medical competence. One person wanted a clearer description from the NBHW of the type of work involved for medical personnel sent to crisis areas.

Authorities' mandate and cooperation: The various authorities' individual mandates need to be clarified in advance to avoid unnecessary discussions in situ. From one quarter there was a desire for more distinct leadership from the MFA, likewise a clear chain of command. There has been a proposal that the police should be included in the joint organisation of the SRT, and that personnel from the police and the MFA should participate in joint training and exercises. Some want all embassy personnel to be trained in first aid and fire-protection. Basic training in handling people in crisis situations may also be helpful.

Medical incident commander: Several parties would have liked a document that clearly describes the different tasks that a medical incident commander (the individual who is appointed to coordinate the operation) is expected to be responsible for. It is desired that the management tasks be described in general terms, and that the description also underlines the need for flexibility. The medical incident commander must be able to focus on coordination and exploiting the available resources in a rational manner. Exactly how medical coordination will take place in parallel operations in different countries needs to be discussed. It may also be valuable that those who have the role of coordinator in the future are given an opportunity to practice in this role.

Personnel: The operation involved intensive work for personnel in place and many had to work almost around-the-clock. This results in the personnel themselves quickly becoming exhausted. If an event continues for some time, planning is needed at an early stage for relieving personnel through access to a large pool of personnel.

Communication: in general terms communication worked well but it was not entirely clear to whom the personnel should report or to where they should report. Mobile telephones enabled personnel to have quick and

continuous contact with each other and management. After a couple of days SRSA organised local mobile telephone subscriptions and since these were not personal they could be handed over to relieving personnel. Mobile telephones may be out of order in some situations, though, and for this reason it is good if everybody involved knows how a VHF radio works.

Reporting: paths for reporting must be made clear, and a reporting system drawn up. Some personnel needed to report to many authorities in Sweden during the time of the operation, which may be seen as inefficient. Personnel also want clear directives about reports handed in – for example, the frequency, contents and whether every organisation must write their own report or if they can hand in joint reports. During the most intensive days the medical incident commander Cyprus was reporting directly to a contact in the NBHW. The medical incident commander did not need to submit information several times and mistakes were avoided through this procedure. The daily contact between the medical incident commander and the NBHW gave many a sense of security. The medical incident commander in Sweden kept himself continuously informed about the situation of the medical personnel and gave clear information about how changes of personnel should be effected. The medical incident commander in Sweden also followed the current political situation and risk assessments from security experts at the MFA. Clear and reliable information gives a secure and safe working situation and prevents the spread of rumours.

Procedures for registration and drawing up lists: The procedures for registering people and how to draw up passenger lists can be improved. Some form of portable barcode reader or scanner for quickly registering passports would make this procedure easier, but in certain situations it may be more efficient to draw up manifests on paper with the help of passengers themselves. Many expressed dissatisfaction or frustration because the airports they were returning to did not have the information required for secondary transportation.

Medical equipment: The equipment worked well but needs to be supplemented to a certain extent. Emergency equipment could be supplemented with pain relieving medication in the form of tablets, antibiotics for diarrhea and fluid replacements. In a situation such as that in Lebanon, people must flee quickly and do not always have time to make necessary provisions. A store of commonly used medicines – of the types taken for more chronic illnesses such as diabetes, cardiac insufficiency and hypertension – could be very useful. Possibly the personnel could divide medication into two emergency bags, in which the one contains all possible medication and the other is smaller with more limited contents of first aid equipment and medication for normal household use.

Clothing and other personal equipment: Clear ID badges for personnel who work internationally may make things easier in this type of operation. Medical personnel had their own vests marked with their professional identity, which was good, but they need to be marked in English for operations abroad and have a Swedish nationality symbol. Personnel in support groups could have similar vests, but with the NBHW logotype. Personnel sent out by the police could also have similar, uniform clothing. In certain countries it is appropriate from a cultural viewpoint to have clothes with long arms, especially for female personnel.

Other equipment: Ready-made crisis support packets for children are needed containing crayons, pens, paper, comics etc. They could also include tissues, nappies and dummies.

Crisis reaction information in several different languages such as English, French, Spanish and Arabic would also be useful.

Crisis support – psychological first aid: crisis support and psychological first aid were key in providing care at all levels. Measures taken by crisis support teams were important, both for psychosocial support and assessing crisis reactions. Crisis supporters need expert knowledge in their areas of activity to be able to assess how seriously affected people are. In terms of personality, crisis supporters need to be flexible, good listeners and have the capacity to help people in exposed situations, and to be able to accept and handle strong emotions. They must be dynamic and active. Almost half of the evacuees were children.

Under relatively extreme conditions such as those that existed at times at Larnaca Airport where a large number of sufferers were temporarily gathered, there is no time to determine everybody's immediate needs. Some details as well as general crisis support measures from the work at Larnaca Airport may be highlighted:

- Organise the operation by gathering evacuees at a suitable place and ensure that they can check in under organised conditions using limited personnel resources.
- Give out correct information by keeping evacuees as updated as possible and informing them about all changes in planned activities. Personnel should not raise false expectations but at the same time they should give people hope.
- Satisfy basic needs by providing evacuees with medical care as needed and give them food and water if they are forced to wait a long time – especially if it is hot.
- Give support as needed by screening people as they pass by and talk to those who look burdened – in particular families with small children – and ask how things are going for them. Those families who showed symptoms such as despondency or refusal to eat were recommended by personnel to contact medical personnel on arrival at the airport in Sweden. A number of them ended up at hotels and personnel worked actively to find those who wished to return home, focusing on people with greatest needs.
- Plan to provide for children's specific needs and treat them according to their capacity to think and understand.
- Be a model by acting as a model and be on hand to inform people, answer questions, and absorb a lot of frustration. Personnel need to always show calm, patience, self-control and tolerance, and to have the capacity to admit to certain mistakes, delays and insufficient information.
- Encourage a positive attitude. Instead of starting by asking what people have been through, focus on difficulties they have surmounted well. For example, personnel can praise parents that are models for their children or children and adults that help each other.

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Appendices

Template for Observer Reports of Crises

Using a common template for those carrying out observer studies is a way of structuring the experiences obtained from observer duties. This facilitates the comparison of reports both within one's own field of activity as well as between different fields. It also simplifies the execution of joint observer studies and joint observer reports.

The structure used here has its basis in the Utstein method of studying disasters within the area of disaster medicine "[Health Disaster Management: Guidelines for Evaluation and Research in the Utstein Style](#)", which is the result of extensive development carried out in recent years at WADDEM (World Association for Disaster and Emergency Medicine). Processing and modification of this work has been done within the framework of the Swedish Emergency Management Agency's network of observers.

The observer report is in principle a product of "lessons identified". "Lessons learned" is the resulting process carried out by each involved body to gain from lessons identified, leading to a number of measures that will improve preparedness in a future event.

All the headings below should be included, but in some cases it may be relevant to only state that a heading is superfluous if it was either not possible or not warranted to study the subject. Under each heading it is often motivated to have a number of sub-headings, which may vary according to the area studied. Under the headings Damage and Disturbance, for example, one or more of the sub-headings Health, Environment, Property and Politics may be appropriate.

As far as possible, comments and reflections should be written after each chapter (section) where experience gained and its relevance for Swedish conditions, among other things, is presented. These comments will later constitute the mainstay of the text presented under Experience. Comments or experiences here can be presented in a fact box to make them clear and easy to find.

Title

The type of event, place/region/country and the year should always be clearly stated in headings. A sub-heading is appropriate with the term "observational study" (if this is not already included in the heading) so that the report(s) are easy to find using computer searches.

Preface

The preface should be structured in accordance with the policy of each authority. The preface may completely replace or supplement the Introduction.

Observers and Authors

The presentation should be structured in accordance with the policy of each authority.

Summary and Experiences

The scope of the summary will vary depending on the event reported. If the summary only is to be translated into English it may be motivated to make it reasonably detailed.

Under Experiences it is always important to relate the relevance of experiences to Swedish conditions and whether any “local” experiences can be generalised.

As a rule, this chapter is translated into English. However, there may be exceptions if, for example, it is judged that the report is only of interest to Swedish readers. It may be relevant to only publish the English translation on the website. The heading and authors etc. should then be in this place.

Introduction/Material and Methods

This heading may be omitted if the relevant information is in the Preface.

The reasons for the study, its area of focus and delimitation, should be included here, along with a description of the commission and the method (s) used. Reflections concerning the observer commission carried out (method etc.) may be included in this section if justified.

Hazard (Threats and Vulnerability)

Why and how the event arose should be described here, as well as why and how it led to the actual consequences. What was the threat (hazard) and what were the organisational/social/political/financial/technical circumstances (vulnerability) that put people and organisations at risk and what made the accident/disaster happen? Each authority should select here what they feel is relevant to study as well as what the observer studies found were relevant vulnerability factors.

Background

This chapter should describe relevant background information, which may vary considerably depending on the incident/part of incident studied.

The chapter should have at least the following section: Pre-event status and Preparedness.

Pre-event Status

The situation prior to the event should be described here.

Preparedness

The preparedness available to handle the event in question should be described here, including legal prerequisites, organisations etc. Where

appropriate, any structures (or corresponding) resulting from lessons learned from previous events should be described.

Any organisational charts should preferably be presented as an appendix.

Event

The sequence(s) of events should be described here. The structure of this chapter depends on the nature of the event. The description should be of an overall type. Detailed time sequences etc. should be presented as appendices. The location of the event (including GPS coordinates if possible) is given here.

Damage

A description of what/who/which was damaged should be presented here, but the effects are described in the chapter Disturbances.

Disturbances

The consequences of damage to people and the environment are described here.

Examples

Damage (person)

Bone fracture

Disturbances

impaired mobility

Damage (environment)

Ruptured water pipe

Collapsed bridge

Collapsed building

Flooding of farming fields

Disturbances

impaired water supply

transportation impossible

loss of shelter, house

impaired production and
distribution of food

Responses

Measures related to damage as well as disturbances should be described here. Where appropriate, these are described separately.

Detailed time sequences etc. are described in appendices.

Recovery and Development

The description of whether and how the society/organisation etc. has been restored to the pre-event status and recovered should be presented here. Repairs should be related to damage, and recovery should be related to disturbances. Any developments that have taken place are also described here, and what experiences have already become "lessons learned".

Discussion

Analysis of findings and what lessons identified have been observed should be described here and, where appropriate, how these can be converted to “lessons learned”.

References

The structure of this section follows the policy of each authority.

Appendices

Detailed time sequences etc. and illustrations of organisations should be presented as appendices.

Key words

Relevant key words should be included here.

Index

Words and expressions that are important to be found easily in the text are indexed here.

Abbreviations

List of abbreviations used in the report.

Appendix 2

Events in Lebanon/Cyprus/Syria and Sweden in Chronological Order

These tables are intended to provide a time perspective of some important parts in the sequence of events but are in no way exhaustive and should be seen as a complement to the running text.

Table 2 A. *Events in Lebanon/Cyprus/Syria*

Date	Events	Lebanon/Beirut	Cyprus	Syria Aleppo & Damascus
Wednesday 12 July	Israel starts a military offensive after 2 soldiers are kidnapped.			
Thursday 13 July	Runways at Beirut airport bombed.			
Friday 14 July	Israel imposes blockade of Lebanese airspace and territorial waters.	Consulate-General (CG) in Beirut prepares evacuation to Aleppo by bus. Reinforcement of personnel by local employment, MFA official on site given task of employing those required.		
Saturday 15 July	Israeli ship sunk by homing missile. Israel extends air attacks to northern Lebanon. From now the whole of Lebanon is subjected to air attacks.	CG in Beirut produces manifests for ships. About 15 buses rented together with embassy in Damascus for evacuation to Aleppo.		

Date	Events	Lebanon/Beirut	Cyprus	Syria Aleppo & Damascus
Sunday 16 July	Verbal assurance received from Israel, Lebanon & Hizbollah that no military attacks will take place along route.	Bus evacuation to Aleppo started. In total about 1,100 people involved; the majority leave during the first 24 hours of the bus evacuation.	2 doctors and 1 nurse flown to Cyprus (SRSA assessment team) to prepare reception of evacuees.	Personnel from MFA and SRSA (incl. 1 doctor [on site medical incident commander] & 1 nurse) flown to Aleppo to prepare reception and onward transportation of evacuees.
Monday 17 July	Tripoli bombed	Reinforcement of CG in Beirut with 14 personnel from Sweden. 1 doctor joins force.	A medical group (3 personnel) and a crisis coordinator (1 person) arrive – part of the support team. Swedish personnel on Cyprus given responsibility for coordination of reception of other EU countries' citizens since they were first on the ground in Larnaca. The first Swedes (around 100) arrive by sea to Cyprus.	Reinforcements to Aleppo with personnel from support team (11 in total).

Datum	Events	Lebanon/Beirut	Cyprus	Syria Aleppo & Damascus
Wednesday 19 July		<p><i>Kriti II</i> takes about 1,400 Swedes for onward transportation from Cyprus.</p> <p>National and EU cooperation measures for evacuation from southern Lebanon. First evacuation of 71 Swedes among others from Saida by bus arranged by Denmark.</p>		<p>Re-grouping of medical personnel to Damascus after decreased needs in Aleppo.</p> <p>Large number of people at embassy in Damascus. Several hundred people flown out of Damascus.</p>
Thursday 20 July	Ground fighting between Israeli soldiers and Hizbollah on Lebanese territory.	<p><i>SU of Mersin</i> takes about 380 Swedes to Cyprus. Last large (over 1,000 places) Swedish chartered ship leaves. About 80 Swedes given places on UN ship from Tyr.</p>		One flight from Damascus.
Friday 21 July		About 80 Swedes evacuated by bus from Saida to Beirut in a Swedish-Danish convoy.	<p>Early morning, ship arrives in Limassol with almost 1,500 Swedes. MFA and NPB manage registration. During evening and night about 600 Swedes flown out.</p> <p>Change of medical incident commander in place.</p>	<p>One flight with about 160 places out of Damascus.</p> <p>Replacement of medical group/coordinator.</p>
Saturday 22 July		About 450 Swedes on <i>Kriti II</i> among ships to Cyprus.	<p>Ferry <i>Kriti II</i> arrives in Larnaca in the night 22/23 July with over 300 Swedes. The ship <i>Alkyon</i> arrives in Limassol with just over 100 Swedes.</p>	

Datum	Events	Lebanon/Beirut	Cyprus	Syria Aleppo & Damascus
Sunday 23 July			In evening one ferry arrives from Beirut with several hundred Swedes.	About 80 Swedes flown out of Damascus. Aleppo reception closed since bus convoys ended.
Monday 24 July			Night of 23/24 July just under 100 Swedes arrive by ship to Larnaca.	Several families flown out of Damascus.
Tuesday 25 July	Israel announces, in conjunction with the end of Condoleezza Rice's visit to the Middle East, its intention to take and maintain control of parts of southern Lebanon until an international force is in place.	About 30 Swedes (+8 personnel from staff unit) evacuated on <i>Kriti II</i> .	Change of on site medical incident commander.	About 20 Swedes flown out of Damascus.
Wednesday 26 July – Saturday 29 July		Evacuation of just over 100 Swedes by Canada-chartered ship <i>MS Serenade</i> .		A total of about 40 Swedes left in Damascus. 20 planned to be flown home on night of 28/29 July. Change of medical group and on site medical incident commander (Thursday 27 July). Number of people needing help with evacuation now decreased.
Sunday 30 July	Israeli air attack on Qana, large number of civilian deaths including many children.		About 180 people flown out. Change of on site medical	About 20 flown out of Damascus.

International criticism against Israel grows.		incident commander.	
Datum	Events	Lebanon/Beirut	Cyprus
Monday 31 July			Syria Aleppo & Damascus
Monday 1 August – Monday 7 August	EU foreign ministers demand "an immediate cessation of hostilities" on 1 August		About 20 flown out of Damascus. Change of medical group and on site medical incident commander (2 August). About 50 flown out during this period.
Monday 14 August	Cease-fire		

ÖCC: Östergötland County Council
MFA: Ministry for Foreign Affairs
NPB: National Police Board

Table 2 B Events in Sweden

Date	Events in Sweden	Authorities	County councils and municipalities
Thursday 13 July		<p>MFA More calls to exchange. First crisis meeting held. Decision to call in Emergency management Group the following morning.</p> <p>SRSA requested to make ready for possible action.</p> <p>MFA official on holiday in Lebanon takes over management of activities at the Consulate General in Beirut.</p> <p>NBHW NBHW carries out "remote magnitude assessment"</p>	
Friday 14 July		<p>MFA Morning meeting with Emergency Management Group. Decision to investigate options of chartering evacuation ships, check out other EU countries' evacuation plans. Possibilities of national and/or EU-lead evacuation would be investigated. Reinforcement of Consulate General difficult due to security situation. Lebanon judged to be completely cut off. Afternoon meeting: decision to continue negotiations re evacuation ships, contact with Israel for free passage of these ships. Government decision that MFA grant for individuals abroad can exceed SEK 50 million.</p>	<p>VGR RTiB contacted by NBHW. RTiB contact manager in Hårryda municipality for preparations of reception for returning evacuees.</p> <p>SCC TiB contacted by NBHW, informed that the assessment team L. Riddez, J. v Schreeb & J. Fridolf) from SCC will be sent to area.</p> <p>UCC Preparedness for reception of people evacuated.</p>

Date	Events in Sweden	Authorities	County councils and municipalities
Cont'd Friday 14 July		<p>NBHW Emergency management staff unit set up at NBHW. Personnel in staff unit take part in meetings with MFA until 21/7. Start of post as medical incident commander. Medical incident commander informs TiB in the three main urban regions. List available personnel with training for work abroad, much help from TiB in VGR and Region Skåne.</p> <p>SRSA Decision to send an assessment team (8 personnel) to Cyprus as initial measure, with additional purpose of making assessment of any reinforcement needs.</p>	
Saturday 15 July		<p>MFA In addition to the Greek ship chartered, (1200 places) a Turkish ship will be booked (450 places).</p> <p>NBHW Staff status. Continued recruitment of personnel after signals from MFA that mission may be longer.</p> <p>SRSA Decision to fully activate support force (55 personnel from all cooperating organisations), with base on Cyprus.</p>	

Date	Events in Sweden	Authorities	County councils and municipalities
Sunday 16 July	NBHW "responsible" for reception of evacuees on arrival to Sweden.	<p>NBHW Reinforcement status. Continued recruitment of personnel after signals from MFA that mission may be longer. 2 doctors and 1 nurse to Cyprus (SRSA assessment team) of which one doctor will travel on to Beirut. Emergency management staff unit give VGR commission to supply patient information and forward this to correct medical principal, and plan any secondary transportation. From evening of 16/7 medical incident commander participates in meetings with MFA Readiness group.</p> <p>SRSA Assessment team (8 personnel from management, logistics, medical care, crisis management and security) arrive on Cyprus.</p>	<p>VGR 1 doctor and 1 nurse, part of support team, leave for Damascus for onward travel to Aleppo. RMKL initiates telephone conference between Reg Skåne, SCC, VGR, NBHW and SOS Alarm Malmö, Stockholm and Göteborg. SOS Alarm undertakes to organise these until 31/7.</p> <p>ÖCC NBHW contacts OoC at Regional medical management in case of serious event. Established 21:00, continues for 15 hours.</p> <p>Härnryda Official on call at municipality informed by official on call PKMC, VGR, that a possible POSOM measure may be needed at Landvetter airport.</p> <p>Sigtuna Received information re coming evacuation after municipal management contacted by MFA.</p>
Monday 17 July	First flight with evacuees arrives at Arlanda. It is clear that Sweden has the largest chartered ship capacity of all EU countries.	<p>NBHW 1 doctor arrives in Beirut, Staff doctor from VCC appointed to crisis management staff unit (17-26/7) Telephone meetings with VGR, SCC, Region Skåne and SOS Alarm until 31/7. Valuable meetings, medical incident commander gave information from MFA and status report from medical incident commanders from Cyprus, Syria and Lebanon. Synchronised info, uniform status picture.</p>	

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Tuesday 18 July	From now on the evacuation is concentrated on sea routes instead of buses to Syria. Embassy in Ankara sends personnel to the harbour town of Mersin to receive Swedes for further transportation to Sweden.		
Wednesday 19 July		MFA Instructions given re possibility of issuing temporary passports for non-Swedish nationals that have residence permits for Sweden but not travel documents.	VCC Staff unit set up in Umeå, 24h preparedness.
Thursday 20 July	About 5,000 evacuees have come to Sweden.	NBHW Change of medical incident commander.	VGR Doctor from VGR included in support teams, on Cyprus between 20/7-25/7
Friday 21 July			ÖCC Enquiry from NBHW to ÖCC to send medical group (1 doctor + 2 nurses, depart 22/7) to Cyprus. Later request for 3 personnel from PKL group.
Saturday 22 July	From now on the Emergency Management Group meets once/day instead of twice. Manning at Swedish airports decreased. Return to Sweden of Swedish embassy personnel from Middle East started, with exception of Beirut.	MFA From now on the Emergency management Group meets once/day instead of twice. Return to Sweden of Swedish embassy personnel from Middle East with exception of Beirut. NBHW From now on meetings with MFA once/day.	UCC Responsible for medical preparedness at ARN (except PKL) Sat 22 July to night of 23/24 July

Date	Events in Sweden	Authorities	County councils and municipalities
Sunday 23 July	Aleppo reception closed due to no further need for bus convoys from Lebanon. Request sent to UNIFIL (UN Interim Force in Lebanon) for help with evacuation of remaining Swedes from southern Lebanon if required. Any remaining Swedes will be evacuated via other EU nations' ships.	MFA MFA telephone exchange closed at midnight, few remaining calls re-routed to MFA guard on duty.	
Monday 24 July		NBHW	VGR 24/7-30/7 Doctor from VGR replaces one in Beirut.
Wednesday 26 July	Contact and localisation of virtually all Swedes in southern Lebanon.	MFA Decision, reduced manning in Beirut, Damascus, Cyprus.	
Thursday 27 July			VCC Staff unit in Umeå dissolved.
Friday 28 July		NBHW Termination of medical incident commander.	
Saturday 29 July		MFA Government decision MFA grant for financial help to individuals abroad may exceed SEK 50 million, total now is SEK 100 million.	
Monday 31 July		MFA Last meeting with Emergency Management Group, crisis will be handled by ordinary organisation at MFA.	UCC One medical group (1 nurse, 1 child psychiatrist, 1 internal specialist) to Cyprus between 31/7-4/8.
Sunday 6 August		NBHW Termination of operations related to Lebanon evacuation.	
Wednesday 16 August		MFA MFA decision to terminate evacuation as result of ceasefire announced on 14/8.	

MFA: Ministry for Foreign Affairs
NBHW: National Board of Health and Welfare
SRSA: Swedish Rescue Services Agency
ÖCC: Östergötland County Council
SCC: Stockholm County Council
UCC: Uppsala County Council
VGR: Västra Götaland Region
VCC: Västernorrland County Council