SITUATION REPORT

International Federation of Red Cross and Red Crescent Societies
Fédération International des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

CHERNOBYL: HUMANITARIAN ASSISTANCE & REHABILITATION PROGRAMME

4 August 1995

emergency appeal no. 01.34/95
situation report no. 1
period covered: January - May 1995

The context

The Red Cross Chernobyl Humanitarian Assistance and Rehabilitation Programme began in 1990. From 1992 onwards, six Mobile Diagnostic Laboratories (MDL), based in Gomel and Mogilev in Belarus, Kursk and Bryansk in Russia, and Zhitomir and Rovno in Ukraine, have been screening background radiation in areas contaminated by the 1986 Chernobyl nuclear reactor accident and conducting medical examinations of adults and children living in these areas. The Programme is managed by the International Co-ordinating Chernobyl Committee, consisting of representatives of the Red Cross Societies of Russia, Belarus and Ukraine and the Delegation of the International Federation of Red Cross and Red Crescent Societies in Kiev.

The MDLs measure the gamma, alpha and beta contamination of the air and surface soil by fall-out (dosimetric testing), and the radiation of home grown produce plus "gifts of the forest" such as berries, mushrooms, wild boar, etc. (radiometric analysis tests). At the same time they screen adults and children for the clinical effects of radiation, providing medical information directly to patients and if necessary referring them for specialist treatment. A Red Cross-produced booklet, *Radiation and Nutrition,* gives the public additional practical information. Each MDL screens a minimum of 10,000 people a year — giving an annual total of at least 60,000.

The Red Cross programme is unique in that it takes services to the population, particularly those living in remote areas. For the overwhelming majority of people examined, the Red Cross screening is their first such check-up since the power plant explosion. Also, although other organisations are collecting statistical information, the Red Cross programme is the only one providing immediate medical feedback and referrals to clients. It is thus able to dissipate many of the population's fears, which sprung from a lack of reliable information.

Red Cross/Red Crescent action

The following table shows the examinations carried out by the MDLs in May 1995, plus the cumulative total for the period January to May 1995:

MDL	Mira 661	Mini cont	LB 200	WBM	QBC	Clinitec	Ultra sd	Dr exam	Endo exam
Gomel	305	278	1,464	4029	3317	2742	4031	4031	4031
Mogilev	362	420	1741	3432	2312	2294	2464	3121	2458
Bryansk*	1,995	599	70	3128	1992	463	2128	2128	2128
Kursk*	177	177	71	818	2778	-*	816	816	712
Zhitomir	3,479	1358	669	6598	4818	-*	7067	7097	7067
Rovno	619	519	479	4877	4501	3632	4714	4714	4714
TOTAL	6,967	3351	4494	22882	9718	9131	21220	21,907	21,110
May 95	1,511	1076	540	4430	3727	1978	3253	5005	5,005

* Bryansk	No figures available for April and May
* Kursk	MDL vehicle under repair in April
* Kursk and Zhitomir	Clinitec not operational

Explanation of Examinations:

Mira-661	Background gamma radiation monitor
Minicont	Surface alpha/beta radiation monitor
LB-200	Food Monitor
WBM	Whole body Monitor for Caesium 137
QBC	Blood Analyser
Clinitec	Urine Analyser
Ultrasd	Ultrasound examination of thyroid gland
Endo Exam	Examination by endocrinologist
Dr. exam	General medical examination and analysis of data collected during examinations.

Of the total number of people seen, over 50 per cent are diagnosed as ill. However, not all these illnesses can be attributed to the Chernobyl accident: poor or non-existent medical care — a result of current economic conditions — and bad nutrition are often contributory causes. Approximately 20 per cent of those examined are referred for further examination and treatment.

Analysis of the data shows a high percentage of children with thyroid gland pathology which can be assumed to be attributable to iodine contamination caused by the nuclear accident. Figures for the first quarter of 1995 show an increase in the number of cases, compared to the same period in 1994.

The findings of Caesium 137 in food and the results of Whole Body Monitor examinations, showing internal radiation caused by consuming contaminated products, are clearly related. In Rovno, for example, there is both a high contamination of foodstuffs and a high number of children exceeding acceptable standards for Caesium 137. Although gamma radiation levels indicate a clear danger, people continue to consume contaminated foodstuffs and suffer unnecessary internal irradiation.

In 1994 the results of dosimetric testing of radioactive contamination of the surface soil and air by the Red Cross and others showed the expected stabilisation of gamma radiation levels. Testing undertaken by the MDLs this year continues to record stable radiation levels. Gamma radiation levels are now within acceptable limits established by the Governments of Belarus, Ukraine and Russia. Contamination of the soil surface by plutonium and strontium (alpha/beta radiation) has also stabilised within acceptable levels established by the three Governments.

Radioactive Situation •

REGION	No. of Mira	Levels of Mira	No. of Minicont	Levels of Minicont	No. of LB/200	Norm Excess LB/200
Gomel	303	0.07-0.254	299	0.4-0.17	1756	6
Mogilev	412	0.06-0.27	392	0-20.0	404	12
Briansk	3492	0.019-0.371	685	3.0-148	40	7
Kursk	1037	0.09-0.16	576	20-60	243	0
Zhitomir	2076	0.08-0.34	782	4-28	398	1
Rovno	564	0.04-0.47	564	2-53	363	115

Further information on the results of the medical and dosimetric investigations can be found in *Analysis of MDLs Activity January to October 1994* and *Analysis of MDLs Activity 1994*. These papers were submitted to meetings of the International Co-ordinating Chernobyl Committee in Minsk, December 1994 and Moscow, March 1995). They are available on request through the Federation Secretariat.

Programme Developments •

Thanks to funding by ECHO in 1994, *two* new staff posts — an ultrasound doctor and an endocrinologist — were added to the MDLs, thereby increasing the scope and quality of the screening. In addition, in a contract signed in November 1994, ECHO undertook to provide milk powder and multi-vitamins for schoolchildren in high contamination areas, repeating a similar programme carried out under a previous contract earlier that year. These supplies began arriving in April and deliveries will be completed this month. Distributions will take place when the schools reopen in September.

Because of the low level of background contamination found in Kursk region, the MDL there will be reassigned to another region in Russia affected by Chernobyl.

The Federation has begun collating and analysing information on the incidence of diseases among patients examined by the MDLs. This data, so far unavailable through the normal health care system, will be shared with the health authorities. It will also form the basis for any future adaptation of the Red Cross programme.

The second International Chernobyl Seminar, to be hosted by the Belarus Red Cross in Minsk and originally scheduled for October 1995, has been postponed until April 1996, to coincide with the tenth anniversary of the Chernobyl reactor accident.

Budget summary

The Federation is committed to funding the programme until the end of 1995 but over 40 per cent of the amount sought in the Emergency Appeal — CHF 1,463,000 — still has to be found. In addition this year's "bare bones" budget, like earlier ones, makes no provision for the replacement or servicing of the technical equipment of the laboratories.

The MDLs are providing a unique and invaluable service to the population: donors are urged to respond promptly and generously to funding needs, to help maintain this front line assistance.

Conclusion

The stabilisation of radioactivity and the rising rate of illness, particularly among children, suggests that the disaster is now entering the clinical phase: it is therefore vital to continue to support and assist the population at risk. (To give just one example: the early diagnosis of thyroid cancer in children enables life-saving treatment to be undertaken.) It is also important to bear in mind that, with the worsening socio-economic conditions in the three affected countries, the scope and quality of public services, including health care, are declining, adding to the difficulties facing people in the contaminated areas.

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APPEAL No. 01.34/95

CONTRIBUTIONS RECEIVED 03/08/95

CASH

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
REQUESTED IN APPEAL				1 463 000		
CANADA - RC		500	CAD	419	25/07/95	
ECHO		400 000	XEU	609 400	11/04/95	
ICELAND - RC		200 000	ISK	3 640	12/04/95	
IRELAND - MISSION		75 000	IEP	139 500	26/05/95	
JAPAN - RC		3 770 000	JPY	48 859	19/04/95	
SUB/TOTAL RECEIVED IN CASH				801 818		

KIND AND SERVICES

GERMANY - RC	COPY MACHINE			16 167	16/02/95	
VARIOUS	DELEGATES			50 000	30/06/95	PROVISION
SUB/TOTAL RECEIVED				66 167		