

APPENDIX J

GUIDELINES FOR THE INVESTIGATION OF POST-DISASTER ENVIRONMENTAL IMPACT PROBLEMS

GENERAL

- Use maps to locate problems.
- Be clear as possible on the extent and nature of any problem.
- Indicate the size of the population or area affected, with description if necessary.
- Consult the relevant workers or occupants of water/sewerage plants or structures affected.
- Interview witnesses to any events relating to the problem.
- In problem analysis, consult experts or off-site personnel if necessary and available.
- Always consider solutions in terms of immediate (0-7 days), short-term (8-30 days) or long-term action (2-12 months), and include cost estimates, resources needed, potential constraints, community participation, etc.
- Report problems and propose solutions as soon as possible, coordinating with other government agencies when necessary.

EH FACILITIES/SERVICES

1. **Water Supply**

- Ensure:
- Surface ground water sources are checked for problems.
- Inspection of water treatment plant for damages and pollution of facilities. (Disinfect any polluted tank before resuming operation).

- The water quality is checked - chlorine residual, physical aspect, and bacteriological quality - and assist.
- Advise on obtaining chlorine supplies if necessary.
- Advise regarding public awareness if water quality is not satisfactory.
- Distribution system is checked for damages (local and extent), include all piping, reservoirs, and pumping stations.
- All wells and other private supplies are checked.
- Assist in arranging delivery of truck-borne water to consumers without a pipe-borne supply.
- Work closely with Water Agency Staff at all times.
- Participate in estimating repairs and system re-establishment needs.

2. Sewage/Excreta Disposal

- Ensure:
- Communal sewer systems (by manhole inspection) are checked treatment plants surveyed. Special attention should be paid to broken sewers, damaged tanks, and any possible surface run-off sewage. Contain any such flow.
- All septic tanks and latrines are checked for extent of damage and report any under "structures".
- Survey for flooding of latrine contents and contain flows. Prohibit human activity in area.

3. Drainage

- Ensure:
- Drains and culverts are checked for damages, clogging, blockages and flooding of adjacent areas.
- Special attention should be given to main drains and their ability to receive and transport drainage and run-off waters.

4. Solid Waste Build-up

- Ensure:
- Location and assessment of sources of solid waste build-up.
- Report on solid waste build-up for early removal to official disposal site.

5. Vector Control

- Ensure:
- Potential breeding places of disease vectors, especially mosquitos and rodents are checked.
- Report any vector breeding areas for early drainage or clearance.

6. Food Sanitation

- Ensure:
- All eating establishments are checked for damages, and for food refrigeration/storage, preparation and serving capability.
- Return to normalcy before operation allowed to recommence.
- Inspection and control of sale of non-refrigerated food, and witness destruction and disposal of spoilt foods.
- Supervision of mass feeding operations.

Summary

DATE: _____
dd mm yy

Water Supply Damage Assessment Form

Name of Surveyor _____

Function/Title _____

Component	Name & Exact Location	Damage Description	Present Cap %	Needs: manpower/ equipment	Estimated Repair (days)	Action Time
Source						
Collection						
Transmission						
Treatment Plant						
Storage Reservoirs						
Distribution						

DATE:

	dd	mm	yy
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Water Quality

Function/File

Name of Lab Technician

[illegible]

Damage and Needs Assessment Forms (WATER SUPPLY)

DATE: ____ - ____ - ____
dd mm yy

Water Source*

Name of Surveyor _____
Name of Water Source: _____ Function/Title _____

Access:

Truck ☐ 4WD-Jeep ☐ Car ☐ Foot ☐ Boat ☐ Air ☐ No Access ☐

Type of water source:

Spring ☐ River Intake ☐ Well ☐ Dam ☐ Infiltration Gallery ☐

Other (indicate): _____

Is source operating normally? (circle one) YES NO

Flow before Disaster: ____ Gls/Hr Flow after Disaster ____ Gls/Hr

Describe turbidity/appearance of water: _____

Describe any blockage at roads

Describe needs to provide access

Describe damage to source

Describe needs to repair damage

* If water is treated at source, use form for Treatment Plant

If water is pumped from source, use form for Pumping Station

File: FORM13

Damage and Needs Assessment Forms (WATER SUPPLY)

DATE: - - -
dd mm yy

Storage Tanks

Name of Surveyor _____ Function/Title _____

Location _____

Access:

Truck ☐ 4WD-Jeep ☐ Car ☐ Foot ☐ Boat ☐ Air ☐ No Access ☐

Type of tank

Steel ☐ Rubber ☐ Concrete ☐ Underground ☐ Fiber glass ☐ Above ground ☐ Elevated ☐

Shape of tank

Square ☐ Round ☐ Conical ☐ Rectangular ☐

Size of tank: _____ Imp Gals

At _____ hours (indicate time) the tank is:

Full ☐ ¼ Full ☐ ½ Full ☐ ¾ Full ☐ Empty ☐

Tank outlet valve present?

No ☐ Yes ☐ Open ☐ Closed ☐

Is tank and/or contents secured against unauthorised users? (circle one) YES NO

Describe any visual indications of damage:

Describe needs pertaining to damage

Any Other Comments:

Damage and Needs Assessment Forms (WATER SUPPLY)

DATE: ____ - ____ - ____
dd mm yy

Water Supply Compilation Sheet

Name of Surveyor _____ Function/Title _____

Parish	% of Capacity Remaining	Urgent Needs < 1 week	Medium Term Needs > 1 week

Damage and Needs Assessment Forms (WATER SUPPLY)

DATE: - - -
dd mm yy

Treatment Plant

Name of Surveyor _____ Function/Title _____
 Name of Treatment Plant _____
 Name of Plant Supervisor _____ Tel. _____
 Name of Plant Operator _____ Tel. _____

Access: ☐ Truck ☐ 4WD-Jeep ☐ Car ☐ Foot ☐ Boat ☐ Air ☐ No Access ☐

Main Treatment Process

Coagulation/ Flocculation		
Rapid sand filter		
Slow sand filter		

Roughing filter		
Disinfection		

Sedimentation (vol) _____ Imp Gals _____

Other, please indicate: _____

Is Treatment Plant operating normally? (circle one) YES NO

Capacity before Disaster: _____ ImpGls/Day Capacity after Disaster _____ ImpGls/Day

Describe turbidity/appearance of:

Incoming water	Treated water

Power Supply

Mains Yes ☐ (kVA) No ☐ Standby Yes ☐ (kVA) No ☐

Damage and Needs Assessment Forms (WATER SUPPLY)

DATE: - - -
 dd mm yy

Describe Damages to Power Supply

Mains	
Transformer	
Standby	
Controls	

Describe Needs pertaining to damages to power supply:

Describe general condition of plant:

Describe any *structural* damage:

Describe needs pertaining to *structural* damage:

Damage and Needs Assessment Forms (WATER SUPPLY)

DATE: - - -
 dd mm yy

Describe any damages to *equipment* (air valves, piping, pressure tanks, dosing equipment, flow and level recorders, pressure gauges, washouts, etc.)

Equipment damaged	Needs

Indicate what chemicals are available and/or needed

Chemicals	Quantity Available	Quantity Needed

Any Other Comments:

Damage and Needs Assessment Forms (WATER SUPPLY)

DATE: ____ - ____ - ____
dd mm yy

Pumping- Booster Station

Name of Surveyor _____ Function/Title _____
Locality: _____ Area: _____

Access:

Truck ☐ 4WD-Jeep ☐ Car ☐ Foot ☐ Boat ☐ Air ☐ No Access ☐

Type of pump(s)

Submersible	
Ram Pump	

Pump specifications:

Multi-stage cycles (Hz) _____
Other: amps _____ speed (RPM) _____

Brand Name: _____

Power Supply

Yes ☐ No ☐
Mains ☐ (kVA) ☐ Standby ☐ (kVA) ☐

Describe Damages to Power Supply

Mains	
Transformer	
Standby	
Controls	

Describe any *structural* damage:

Describe needs pertaining to *structural* damage:

Describe any damages to *equipment* (pumps, valves, air valves, washouts, surge tanks, piping, flow recorders, pressure gauges, etc)

Damage and Needs Assessment Forms (WATER SUPPLY)

DATE: - - -
 dd mm yy

Equipment damaged	Needs

Any Other Comments:

Damage and Needs Assessment Forms (SEWERAGE)

DATE: _____
dd mm yy

Sewage Treatment Plant

Name of Surveyor _____ Function/Title _____
 Name of Treatment Plant _____
 Name of Plant Supervisor _____ Tel. _____
 Name of Plant Operator _____ Tel. _____

Access: ☐ Truck ☐ 4WD-Jeep ☐ Car ☐ Foot ☐ Boat ☐ Air ☐ No Access

Main Treatment Process

Ponds	
Trickling filters	
Contact stabilisation	
Sequencing Batch Reactor	

Oxidation ditch	
Rotary Biological Contactor	
Extended aeration	
Anaerobic digestion	

Other, please indicate: _____

Tertiary Treatment? (circle one) YES NO

If YES, describe: _____

Is Treatment Plant operating normally? (circle one) YES NO

Capacity before Disaster: _____ ImpGls/Day Capacity after Disaster _____ ImpGls/Day

Power Supply

Yes	No	Yes	No
Main s		Standby	
(kVA)		(kVA)	

Damage and Needs Assessment Forms (SEWERAGE)

DATE: - - -
 dd mm yy

Describe Damages to Power Supply

Mains	
Transformer	
Standby	
Controls	

Describe Needs pertaining to damages to power supply:

Describe general condition of plant:

Describe any *structural* damage:

Describe needs pertaining to *structural* damage:

Damage and Needs Assessment Forms (SEWERAGE)

DATE: - - -
 dd mm yy

Describe any damages to *equipment* (blowers, pumps, valves, piping, pressure tanks, dosing equipment, flow recorders, skimmers, grit removers, laboratory, etc.)

Equipment damaged	Needs

Indicate what chemicals are available and/or needed

Chemicals	Quantity Available	Quantity Needed

Any Other Comments:

Damage and Needs Assessment Forms (SEWERAGE)

DATE: - -
 dd mm yy

Sewerage Compilation Sheet

Name of Surveyor _____ Function/Title _____

Parish	% of Capacity Remaining	Urgent Needs < 1 week	Medium Term Needs > 1 week

Damage and Needs Assessment Forms (SEWERAGE)

DATE: ____ - ____ - ____
 dd mm yy

Sewer Systems

Name of Surveyor _____ Function/Title _____
 Locality _____

Location	Pipe		Nature of Damage	Access
	Size	Type		

APPENDIX J-18

DAILY SHELTER REPORT

SHELTER: _____ DATE: _____

CARETAKER: _____

	AGE GROUP				
	0 - 1	1 - 5	5 - 15	15 - 60	60+
Nr of WOMEN					
Nr of MEN					
TOTAL:					
Nr of CASES WITH					
FEVER					
FEVER with diarrhoea					
FEVER with cough					
FEVER with jaundice					
DIARRHOEA					
VOMITTING					
DIARRHOEA & VOMITTING					
RASH					

ENVIRONMENTAL HEALTH SHELTER REPORT

WATER SUPPLY AVAILABLE? ☐ PIPED; ☐ TRUCK; ☐ OTHER; ☐ NO;
 WATER STORAGE AVAILABLE? ☐ YES, VOLUME = _____ ☐ NO;
 SANITARY FACILITIES AVAILABLE? ☐ YES, ☐ NO;
 Describe _____

IS GARBAGE COLLECTED? ☐ YES, ☐ NO;
 ARE PLASTIC BAGS AVAILABLE? ☐ YES, ☐ NO;

	LIST OF SHELTER NEEDS
FOR WATER SUPPLY:	
FOR SANITARY FACILITIES:	
FOR GARBAGE:	

PAHO DISASTER RESPONSE TEAM GUIDELINES

APPENDIX K

POST DISASTER SURVEILLANCE

Daily Report by

For.....

Name of Reporter Date

From ☐ Evacuation
 ☐ Hospital OPD
 ☐ Health Center
 ☐ Clinic
 ☐ Other
 Specify

Locating Address	Telephone No.

Number of New Cases With	Under 15	Over 15	Total
(1) Fever (100 F + 38 C +)			
(2) Fever and Cough			
(3) Fever and Diarrhea			
(4) Vomiting and/or Diarrhea			
(5) Fever and Rash			
(6) Other New Medical Problem Specify:			

Comments:

COMPLETE FOR EVACUATION CENTERS ONLY

No. of persons accommodated today

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Report significant changes in Sanitation/Food Supply Situation

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APPENDIX L-1

ESTIMATION OF ESSENTIAL DRUG NEEDS FOR POST-DISASTER

COUNTRY _____

HEALTH FACILITY _____

DATE _____

Drugs	Quantity on Site	Projected need for next 72 hours	Source
1. Adrenaline 1:100			
2. Aminophylline Tabs 200 mgms			
3. Ampicillin Caps 250 mgms			
4. Antibiotic ophthalmic ointment			
5. Antiseptic ointment			
6. Atropine Sulphate Inj. 0.05 mg/ml			
7. Chloramphenicol Caps 250 mgms			
8. Digoxin Tablets 250 mgms			
9. Dextrose 5% Solution 500 mls			
10. Erythromycin ethylsuccinate Tabs 250 mg			
11. Iodine Tincture 2.5%			
12. Lidocaine HCL 1%			
13. Lidocaine HCL 2%			
14. Normal Saline Solution 500 mls			
15. Oral rehydration Salts			
16. Paracetamol			

APPENDIX L-1 (Cont'd)

DRUGS	Quantity on Site	Projected need	Source
17. Penicillin G. 300,000 units			
Penicillin Procaine 300,00 units			
Benzathine Penicillin 600,000 units			
18. Paracetamol Tabs			
19. Phenobarbital tabs 30 mgms			
20. Promethazine HCL Tabs 25 mgms			
21. Sulphadimidine Tabs 500 mgms			
22. Tetracycline sytup 125 mgms/ml			
23. Thiopentose sodium inj. 1G			
24. Zinc Oxide Ointment			
25. Cetrimide Liquide 40 %			
26. Distilled water 10 mls			
27. Soap Bar			
28. Silver nitrate 0.05% sol(n)			

APPENDIX L-2

ESSENTIAL DRUGS AND MEDICAL SUPPLIES NEEDED IN THE EVENT OF A DISASTER

Basic Kit especially for use in HURRICANES AND FLOODS

The quantities stated here are meant for the treatment of fifty (50) patients with minor injuries of ten (10) patients with major injuries over a seventy-two (22) hour period. It is suggested that each district hospital should be provided with one such basic kit.

Drug/Medical Supplies	Preparation	Quantities
Paracetamol	Tablets	500
Morphine Sulphate	I.M. Injections	20 gr
Tetanus Toxios	S.C. Injections	50 doses*
Local-anaesthetic-lidocaine 1%	S.C. Injections	250 ccs
Procaine Penicillin	I.M. Injections	100 mega units*
Diazepam	Tablets	100 tablets
Hartman's solution	I. V. Infusion	20 litres
Skin sutures	3/0 silk	20
Non-cutting, round bodied	20 mm needles	-
Araumatic sutures	2/0 catgut	20
Syringes and needles	5ccs/20 gauge	-
I. V. giving sets	-	-
Needle holders, dissecting,	-	-
Forceps, suture scissors	-	-
Alcohol swabs	Single, sterile	100

APPENDIX L-2 (Cont'd)

Drug/Medical Supplies	Preparation	Quantities
Lint swabs	2" squares	200
Bandages	4"	20
Triangular bandages	-	10
Steristrips	-	50
Adhesive tape	-	2 rolls
Note: * Needs Refrigeration		

Supplementary kits for use in the event of fires

The quantities have been calculated on the assumption of a patient weighing 70 kgs who has sustained a 30% burn and relate to treatment in the first 48 hours, for 10 such patients.

Drugs/Medical Supplies	Preparation	Quantities
Hartman's Solution	I.V. Fluid	170 litres
Silver nitrate	0.05% Sol (n)	10 gms
I.V. giving sets	-	170

APPENDIX L-2 (Cont'd)

Stick-man for assessment of degree of burn

Supplementary kit to be used in the event of an Earthquake - 10 patients

Drugs/Medical Supplies	Preparation	Quantities
General Anaesthetic	-	-
Plastic of Paris	6 inch	30 x 6 inch
Splints	-	-
Scapel	-	-
Orthopaedic Saw	-	-

Drugs for the maintenance of the chronically ill

Drugs/Medical Supplies	Preparation	Quantities
Soluble Insulin	I.M. injections	1500 units

APPENDIX L-2 (Cont'd)

Supplementary kit to be used in the event of a Volcanic Eruption

Drugs/Medical Supplies	Preparation	Quantities
Adrenaline 1:000	-	3 boxes (10x1 ml)
Aminophylline	Tabs 200 mg	3 bottles of 50
Saline eye wash	-	-
Antibiotic ophthalmic	Ointment	10 litres of 5 g
Local anaesthetic	-	-
+Kit for burns	-	-
+Prophylactic antibiotics	-	-

APPENDIX M

SHORT-TERM REQUIREMENTS FOR POST-HURRICANE VECTOR AND RODENT CONTROL FOR 10 – 20,000 POPULATION

ITEM	NO. OF UNITS	UNIT COST
APPLICATION EQUIPMENT:		
1. Portable ultra-low-volume (ULV) mist blower. Suggested Model & Source: Hudson Porta-Pak ULV 98600 H.D. Hudson Manufacturing Co 500 North Michigan Avenue Chicago, IL 60611 U.S.A. Tel: (312) 644-2830	5	US\$750
2. Hand Compression sprayer Suggested Model & Source: Hudson X-Pert Sprayer, Model 67322WD H.D. Hudson Manufacturing Co 500 North Michigan Avenue Chicago, IL 60611 U.S.A. Tel. (312) 644-2830	10	US\$120
INSECTICIDES & PESTICIDES:		
3. Malathion 96% technical grade (preferably in 25 litre drums) American Cyanamid Co. One Cyanamid Plaza Wayne, NJ 07470 U.S.A. Tlf: (800) 852-3911 (201) 831-2000 Fax: (201) 831-9434	210 litres	US\$5 per litre
4. Temephos (Abate) 1% sand core granules American Cyanamid Co. One Cyanamid Plaza Wayne, NJ 07470 U.S.A. Tlf: (800) 852-3911 (201) 831-2000 Fax: (201) 831-9434	150 kg	US\$1.20 per kg

ITEM	NO. OF UNITS	UNIT COST
APPLICATION EQUIPMENT:		
5. Synergised Pyrethroids Suggested product & source: Permanone 10% E.C. Fairfield American Corp. 201, Route 17 North Rutherford NJ 07070 U.S.A. Tel: (201) 507-4880	25 litres	N/A
6. Brodifacoum rodenticide "Klerat" or "Talon" ICI Americas Inc. Wilmington DE 19897 U.S.A. Tel: (800) 441-7757	400 kg	US\$4 per kg
SAFETY EQUIPMENT: For ultra-low-volume spraying or fogging: Optional equipment – Respirator System with replacement filters and cartridges for protection against pesticide sprays and vapours. Suggested source: Forestry Suppliers Inc. 205, West Rrankin St. P.O. Box 8397 Jackson MS 39284-8397 U.S.A. Tel: (601) 354-3565 (601) 355-5126		

APPENDIX N

BASIC FORMAT FOR PROJECT DEVELOPMENT

1. COUNTRY
2. NUMBER
3. TITLE
4. TYPE OF PROJECT AND SCOPE
5. BACKGROUND AND OBJECTIVES
6. RESPONSIBLE GOVERNMENT AGENCY
7. INSTITUTIONAL SUPPORT
8. DURATION
9. STARTING TIME
10. ROUGH ESTIMATE OF COSTS

APPENDIX O
LIST OF HEALTH DISASTER COORDINATORS

ANGUILLA:

TO BE NOMINATED

Health Disaster Coordinator
Government of Anguilla
Princess Alexandra Hospital
The Valley

TEL: (264) 497-2451/2551/3042/5851 (W),
FAX: (264)-497-3761

ANTIGUA:

Dr. Carlos Mulraine

Chief Medical Officer
Ministry of Health & Home Affairs
Cecil Charles Building, Cemetery Road
St. John's

TEL: (268)-462-2675 OR 4621600 (Emergency use ONLY),
(268)-461-7980 (H)
FAX: (268)-462-5003

ARUBA:

Dr. Jack Van Veen

Directie Volks-Gezondheid
Van Leeuwenhockstraat 16
Oranjestad
NETHERLAND ANTILLES

TEL: (297)-830060 (direct), 27100 (private clinic)
(297)-824796 (H)
FAX: (297)-826436

BAHAMAS:

Mrs. Barbara Burrows
Health Disaster Coordinator
Undersecretary
Ministry of Health
P.O. Box N-3730
Nassau

TEL: (242)-322-7425 (W)
(242) 364-8787 (H)
FAX: (242)-328-8294

BARBADOS:

Dr. Kanakasabhai. Maheswaran
Health Disaster Coordinator
Ministry of Health
Jemmotts Lane
St. Michael

TEL: (246)-436-3086 (direct line) / 436-3800 (pbx)
(246) 427-3741 (H)
FAX: (246)-427-3741
E-Mail Address: mahes@caribsurf.com

BELIZE:

Ms. Joan Burke
HECOPAB
Ministry of Health
P.O. Box 493
Belize City

TEL: (501-2)-32721 (W) .
(501-2) -77801 (H)
FAX: (501-2) 30778

BERMUDA:

Ms. Jacqueline Lightbourne

Chief Nursing Officer
Department of Health
P.O. Box 1195
Hamilton HM BX

TEL: (441)-292-3095 (W)
(441) 293-1912 (H)
FAX: (441)-292-7627 (Cabinet)

BRITISH VIRGIN ISLANDS:

Dr Irad Potter(ai)

Hospital Administrator
Government of B.V.I,
Public Health Department
Peebles Hospital
Roadtown
TORTOLA

TEL: (284)-494-3497 (W),
(284)-495-2276 (H)
FAX: (284)-494-3833

CAYMAN ISLANDS:

Mr. Mervyn Connolly

Director Health Services
P.O. Box 915
Georgetown
Grand Cayman.

TEL: (345)-949-8600/04 - EXT: 2605 or 2602 (W),
(345)-947-7421 (H) or
(345)-947-3482 (H) (his sister Margaret)
FAX: (345)-949-2998

CUBA:

Dr. Hector Conde Rico

Coor. Programa de Desastres
Ministerio de Salud Publica (MINSAP)
Calle 23 ESQ. Vedado Ciudad
La Habana

TEL: (53-7)-320897 (Oficina Nivel Central Minsap)
(53-7)-441243 (H)
FAX: (53-7)-326472

COMMONWEALTH OF DOMINICA:

Dr. Carissa Etienne

Health Disaster Coordinator
Roseau Health Clinic
Roseau

TEL: (767)-448-2401 Ext. 462 (W)
(767)-448-3807 (H)
FAX. (767)-448-6086

DOMINICAN REPUBLIC:

Dr. Angel Almanzar

Director, Nacional de Emergencias y Desastres
Secretaria de Estado de Salud Publica
Apartado Postal 22072
Santo Domingo

TEL: (809)-549-4780, 566-6648 (W)
(809) 476-0468 (H) or 808-3527 (Beeper)
FAX: (809)- 549-4780

FRENCH GUIANA:

Dr. Patricia Vienne, Director

Dr. Kathy Ventura

Medecin Inspecteur de la Sante
Direction Departementale des Affaires
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19 Rue Schoelcher
97305 Cayenne
Cedex

TEL: (594) 255301/314814 (W)

FAX: (594) 255329/317842

GRENADA:

Dr. Alistair Antoine

Health Disaster Coordinator
Ministry of Health
Carenage
St. George's

TEL: (473)-440-4709 or 440-2649 (W)
(473)-444-9210 (H)

FAX: (473)-440-4127

E-Mail : catingda@caribsurf.com

GUADELOUPE:

Dr. Veronique Mazille

Le Medecin Inspecteur Departmental
D.D.A.S.S. Rue Lardenoy
97100 Basseterre

TEL: (590) -81-09-79 (W)
(590) -81-93-43 (H)

FAX: (590) 81-64-22

GUYANA:

Mrs. Unita Nelson

Matron - Georgetown Hospital.
Ministry of Health
New Market Street
Georgetown

TEL: (592-2)-56900-9 ext 515(W)
(592-2)-66287 (H)
FAX: (592-2)-54284

HAITI:

Dr. Yves Joseph Blondel Auguste

Route des Dells #41
Carrefour Feuilles
Port-au-Prince

TEL: (509-4) 460-645 (W)
FAX: (509-4) 224-429

JAMAICA:

Dr. Marion Bullock-Ducasse

Medical Officer of Health
Ministry of Health
10 Caledonia Avenue
Kingston 10

TEL: (876)-920-8822 (W)
(876)-925-0971 (H) or 995-5164 (cellular)
FAX: (876)-968-0345

MARTINIQUE:

Dr. Jean Phillipe Gallat

Medecin Inspecteur Regional de la Sante
D.D.A.S.S. Martinique
Bld Pasteur BP 666
97264 Fort-de-France, Cedex

TEL: (596) 60-60-08/72-46-47 (W)
(596) 52-24-54 (H) -52-24-55 (home fax)
FAX: (596) 60-60-12 / 63-32-82 (direct office fax)

MONTSERRAT:

Ms. Valerie Lewis

Health Sector Coordinator
Ministry of Health
P.O. Box 24
Plymouth

TEL: (664) 491-2835 (W)
(664) 491-3310 (H)
FAX: (664) 491-3131

NETHERLAND ANTILLES:

BONAIRE

Dr. M. R. Gromotka-Pourier

Head Public Service Bonaire
Kralendyk

TEL: (599-7) 7354 (W)
FAX: (599-7)-7354

CURACAO:

Dr. B. Whiteman

Director
Ministry of Public Health &
Environment of the Netherland Antilles
Heelsumstraat Z/N
Willemstad

TEL: (599-9) 655017 or 614555 (W)
(599-9) 694950 (H)
FAX: (599-9) 612388

Dr. Earl Best

Deputy HDC
Department of Health
P.O. Box 3447

TEL: (599-9) 5600745 (W)
(599-9) 7366749 (H)
FAX: (599-9) 736-0496

SABA:

Dr. Cornelius Geboers

Head Public Services
The Bottom

TEL: (599-4) 63288/89 (W)
(599-4) 63368 (H)
FAX: (599-4) 63239

ST. EUSTATIUS:

Dr. S. Bakker

Chief Medical Officer
Queen Beatrix Medical Centre
ST. EUSTATIUS

TEL: (599-3)-82891 (private) or 82211/82371 (W)
(599-3)-82352 (H)
FAX: (599-3)-82796

ST. MAARTEN:

Mrs. Jorien Wuite-Lucas

Head Public Health Services St. Maarten
Phillipsburg

TEL: (599-5) 23553 or 23003 (W)
(599-5)22319 (H)
FAX: (599-5) 37824 / 22936

NEVIS:

Mr. Llewellyn Newton

Disaster Preparedness Coordinator
Nevis Island Government
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Charlestown

TEL: (869)-469-1423 (W)
(869)469-3337 (H)
FAX: (869)-469-5407
E-Mail: newton@caribsurf.com

ST. KITTS:

Mr. Douglas Wattley

Permanent Secretary, a.i.
Ministry of Health & Women's Affairs
Church Street
Basseterre

TEL: (869)-468-6978 (W)
(869)-466-4864 (H)
FAX: (869)-465-1316

ST. LUCIA:

Dr. James St. Catherine

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APPENDIX O

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