



Graphics by WANG YAN/China Daily

Caring for victims' anguish

Chinese experts begin to offer post-disaster psychiatric help

By YU NAN
China Daily staff

Two months have passed since 112 people were killed when their plane plunged into the sea off Dalian. The air disaster itself was over in a matter of days. But in terms of mental pain for the families of victims, it may just be beginning, said Wang Xiangdong, professor of psychiatry at the Institute of Mental Health, Peking University.

Wang was in Dalian attending the 4th Asia Pacific Psychopharmacology Workshop, when the air disaster occurred.

Wang joined two colleagues, Ma Hong and Lu Qiyun, in rescue work just 24 hours after they were asked by the Janssen Pharmaceutical (Xi'an) Ltd, a joint-venture in China. Three employees of the company, who were flying to Dalian ahead of the same workshop, were among the dead in the crash.

The relatives and colleagues of the three victims were shaken by the event, but they showed different levels of psychological problems such as emotional numbness, resentment, shame,

anxiety, tension and hopelessness," Wang said.

"Some of them didn't eat and drink and had difficulty falling asleep at night."

It turned out the professors had to offer counselling to more families two days after the disaster.

The staff said the counselling helped them come to terms with their grief.

Within a few days relatives of victims calmed and became stoic in the face of their adversity. They flew three beautiful kites that carried words and grief for their loved ones to Heaven.

"Mum will read my letter, and she will no longer feel lonely there," an 11-year-old boy said while pointing to the sky.

"It was a pity that we were only invited by the company so we could not help more people," Ma Hong said.

They failed to get approval from local authorities to get in touch with more relatives of the victims. They were told there were no precedents or regulations to allow mental health experts to become involved in disaster relief work.

In the end, they were allowed

to give a two-hour training lecture to clinicians of a local psychiatric hospital prior to their return flight to Beijing taking off, according to Ma.

But the media showed great enthusiasm in this "new" type of and moved when I found reporters, both national and local, closely following us and trying to understand the whole meaning of what we were doing," Ma said.

"It was not our first involvement in disaster relief work, but it definitely was the first time that we felt the public concern. Perhaps this will help to arouse public awareness in promoting mental health rescue work in disaster relief efforts," she added.

Just a beginning

Experts in psychiatry admitted that post-disaster psychiatric intervention in China was only just beginning, though many of them have conducted a great deal of research on it.

"Post-disaster psychiatric intervention is only a 'baby' in China," said Wang.

According to official statistics, about 200 million Chinese people are affected by man-made

and natural disasters, such as earthquakes, floods, hurricanes, tornadoes and wildfires every year.

But just 300 from 15,000 psychiatric practitioners in China have received training.

"It is not an excuse for its importance," Wang added.

"Faced with the possibility of losing children, parents, homes, and even communities, each person involved risks emotional readjustment."

"Without early psychiatric intervention, it is often for people to recover from trauma; some do not recover."

He said people viewed the intervention as too academic.

"As we see medical treatment and financial compensation and people's hearts and feelings looked after."

Government support

Wang said some other professors began disaster psychiatric intervention in 1994, when a fire in a cinema killed 32 children, 288 of them from western Xinjiang Uygur Autonomous Region.

"Rescue workers found themselves overwhelmed when they visited families of victims and appeared grief-stricken," recalled Lu Qiyun, who went to the Ministry of Public Health as the first team of experts.

Lu still remembers the raspy screams of a woman who lost her child in the fire.

"She couldn't eat, drink or sleep. She walked on and on crying and screaming."

Lu said that the younger man was holding a gun and watching his wife die.

Lu said that the woman: "Look at your son, he is growing up. You don't know how to take care of him."

The woman gradually calmed down after hearing these words.

Lu said she had some medical help her to fall asleep.

Equally unforgettable for Lu was the happy face of the young man behind the door during his visit to the family.

"My little son is getting better!" he exclaimed.

The long intervention went smoothly with

the support of the local government, said Ma Hong.

But the professors' voluntary help were refused by the local government in Luoyang of Central China's Henan Province, said Wang.

"They were only allowed to talk to some rescue workers whom they also found in need of help."

"Those workers took charge of sterilizing the bodies and placing them in the morgue. Later they reported the sight of deep rouge lips reminded them of the deaths," Ma said.

"We still need official access to get involved in disaster relief work," said Wang, who is working out a plan for placing psychiatric support into China's disaster relief system.

"A detailed plan can be expected within a few years."

Methods and rules

Being authoritative psychiatrists, Wang, Ma and Lu still feel they are treading on thin ice when involved in rescue work.

"In every disaster, every one of the people involved is unique," said Wang.

"We cannot just follow the guidance of books when offering treatment. Sometimes we need more flexibility to act according to circumstances."

As well as many successful cases of individual intervention, critical incident stress debriefing is another useful method and it is proved successful in developed countries.

It is a kind of group intervention in which all the members are able to discuss what has happened, each from his or her own perspective.

Hearing each other's perspectives enables people to get a better mental and emotional understanding of an entire event. More importantly, they learn what to expect of their reactions, according to Lu.

"One principle is to normalize people in distress," Lu added. "They are generally healthy people who are having normal responses to an abnormal situation."

Two national training courses on post-disaster psychiatric intervention for local psychiatric clinicians were held in April last year and this June.

"For rescue workers, health care workers, journalists and volunteers who may come into contact with traumatized survivors, basic knowledge of traumatic stress is needed," Wang said.

"It will help to be more sensitive to a disaster victim's need to feel cared for and respected."

Human machines echo the sound of science

By HE SHENG
China Daily staff

Research on human-machine interaction technology in China has made a great leap with a Beijing-based institute coming out with speech recognition products that allow people to "talk" with various electronic appliances.

The Institute of Automation Science and Technology under the Chinese Academy of Sciences, in co-operation with the Pattek Company based in Beijing, developed a series of voice recognition electronic chips that can be embedded into mobile phones and other electronic appliances to help them follow human instructions.

These products, the Pattek ASR series, are based on exclusive technology developed by the institute over the past 15 years that features *putonghua*, the standard Chinese, and local dialects.

TV sets and mobile phones embedded with the Pattek ASR may follow any oral instructions in Chinese by any person without prior training, with accuracy rates of more than 95 per cent.

The company has already co-operated with electronic appliance and telecommunication makers to produce TV sets that dispense with remote controllers and mobile phones through which to do automatic stocks trading via voice.

Particularly, the voice recognition system reacts equally well to different expressions with varying accents.

For example, you may either say "I want to see sports news," or "Turn to channel 5," to have a TV set embedded with a voice recognition system automatically switch to the desired channel.

It means the machine has been endowed with the ability to "understand" human words to some extent, said Tan Tieniu, director of the institute.

The voice recognition system is based on a database of voice samples of almost all of China's major local dialects in addition to *putonghua*.

"The size and quality of these samples largely determine the efficiency of the system," Tan said.

The database they created is the largest in the world of Chinese language, he said.

Drug resistance gains in AIDS

BARCELONA, Spain: Drug resistance has returned as a mounting problem in HIV/AIDS treatment, after a brief lull in the late 1990s, according to new figures released on Saturday.

The introduction of triple-drug therapies in the mid-1990s revolutionized the treatment of the killer disease for thousands of those infected in

that is going to be much more difficult to treat."

In a five-year study of 225 patients with recently acquired HIV infections, Hecht and his colleagues found 16 per cent of new cases were caused by a strain of virus resistant to at least one drug class.

Resistance to non-nucleoside reverse transcriptase inhibitors — a widely used and potent type

of the virus is fighting back by evolving new ways to circumvent medicines. A growing number of people are being infected with strains that are already resistant to one or more of the three widely used classes of antiretroviral drugs.

Dr Frederick Hecht of San Francisco General Hospital, speaking to reporters before the opening of the week-long conference in Barcelona on acquired immune deficiency syndrome (AIDS), saw a rising danger of complacency.

If people believe the human immunodeficiency virus (HIV) that causes AIDS can be easily kept at bay by popping a few pills, they could be putting themselves at risk, he said.

"There has been a decrease in caution about avoiding HIV infection and an increase in riskier sexual behaviour... on the assumption that HIV is much (more) readily treated now," he said. "That idea needs to be called into question because some people are becoming infected with (a strain of) virus

At the same time, genetic fingerprinting of the virus found in patients' blood showed that resistance to protease inhibitors had grown from 2.5 to 7.7 per cent.

Resistance to the original class of anti-AIDS drugs, known as nucleoside reverse transcriptase inhibitors and including AZT, had shown an alarming increase to 21 per cent, after dipping to 7 per cent in 1998-99. The results were published in a special edition of the Journal of the American Medical Association.

The issue of drug resistance was forcing doctors to test ever more complex regimes. Dr Scott Hammer of Columbia University College of Physicians and Surgeons in New York City reported on another clinical trial showing for the first time that adding two protease inhibitors, rather than just one, to drug cocktails could help patients who had failed to respond to other treatments.

Agencies via Xinhua

New info about Hep C

BARCELONA, Spain: People with HIV who are also infected with Hepatitis C do not have an increased risk of developing or dying from AIDS, US scientists said on Saturday.

Hepatitis C, a serious liver infection, is common among intravenous drug users and often occurs along with HIV.

But doctors at Johns Hopkins University School of Medicine in Baltimore, Maryland, said the liver infection does not decrease the response to anti-AIDS drugs or increase the progression of the illness. "There is no difference in the risk of dying," Dr Richard Chaisson told a news conference before the start of the 14th International AIDS Conference on Sunday.

Chaisson and his colleagues monitored the health and response to treatment of 1,955 HIV patients treated at the hospital in an observational study reported in the Journal of the American Medical Association.

Forty-five per cent of the patients had Hepatitis C. All of the patients were free of AIDS. They were followed up for two years to determine what impact, if any,

infection with Hepatitis C had on the progression to AIDS, treatment and death.

Thirty per cent of HIV-positive individuals in North America and Europe are infected with both viruses. In Barcelona and some American cities, the numbers are as high as 50 per cent. Most are intravenous drug users and few are on anti-AIDS drug cocktails.

An earlier Swiss study had suggested that HIV infection increased the chance of the liver infection becoming chronic and raised the risk of liver disease.

Chaisson said his team found no evidence that Hepatitis C should be a barrier to treating patients with HIV. They also found no significant differences in AIDS-defining illnesses or risk of death between patients with both infections and those with only HIV.

Although more research is needed to understand the impact of Hepatitis C infection on HIV, Chaisson said the findings highlighted the importance of considering anti-AIDS drug cocktails for people who had a high risk of developing AIDS.

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