Introduction:
The large number of casualties during mega-disasters are serious global problems. Intensivist's role is critically analyzed especially focusing on the special disasters and the vulnerable

Methods:
Our actual medical experience on disaster cites was basically researched. Tokyo Subway Sarin attack (1995), 9-11 attack (2001), Hurricane Katrina (2005), Indian Ocean earthquake/tsunami (2004), Chernobyl (1986) and Higashi Nihon Earthquake/Fukushima nuclear plant catastrophe (2011), Flu pandemic (2009), etc. are analyzed.

Results:
These mega-disasters had severe negative health and mental influence of various type. Linked catastrophe forms a malignant cycle. In these situations most of the intensivist seemed useless. However many essential roles of intensivist/medical staff existed which were reviewed: i.e., as reliable medical/surgical/intensive care team leader, and/or chief triage officers, in addition to operate in the field/shelter for safety/security as well as making up preventable life-saving systems. In order to support/help victims in shelter, who are often abused or ignored, diseased chronically and injured by trauma, and contaminated/damaged by NBC (nuclear, biological and chemical) or BCRNE (biological, chemical, radiological, nuclear and explosive) hazards. Especially regarding NBC hazard, intensivist should be accustomed more, which were often overlooked or ignored even in Japan DMAT (disaster medical assistant teams).

Conclusion:
We had been compiling Disaster Medicine Compendium, completed first version with 22 volumes, 2005, although this version had three-fourth in Japanese. Second version were four-fifth in English by adding several important parts. At present third version are nearly completed with mainly focusing on the vulnerable, including ding LGBD (lesbian, gay, bisexual and transgender), pets/animals/vegetables, religious problems and/or natural condition, etc.

References:
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