

Disaster Relief following the Earthquake in Western India: Basic Health Care Activity with ERU Operated by the Japanese Red Cross Society

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Objective: Japanese Red Cross Society (JRCS) provided basic healthcare (BHC) activities with an emergency response unit (ERU) during the disaster relief of the western Indian earthquake on 26 January 2001. This was the first deployment of ERU operation and was the initial medical activity provided by the JRCS.

Method: The JRCS ERU team (4 doctors, 4 nurses and 4 coordinators) arrived in Bhuj near the epicenter on 30 January. The next day, a field assessment was performed, and an ERU was established at 7 km from Bhuj. The ERU consisted of tents and medical equipment with a gross weight 8 tons. Medical activities were continued from 01 to 16 February, including collecting medical records, and the analysis of the data for feedback for the next phase.

Results: A total of 1,611 patients were treated during 16 days. The number of patients increased from 51 to 150 per day within a week. Twenty percent of patients were children. The ratio of earthquake-related patients was 80% in the initial phase, and gradually decreased to 10%. The information collected was provided to Tokyo to help to prepare the following team, which took measures to utilize local resources, like cooperating with Indian physicians. In the later phase, though most of patients suffered internal diseases, outbreaks of acute respiratory infection and diarrhea were not observed.

Conclusion: As the variety of diseases change in post-disaster phases, it must provide appropriate disaster relief that must be adjusted to the situation.

Keywords: emergency response unit, basic health care, disaster relief, earthquake

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Honduras Disaster Relief Operation of Japan Self-Defense Forces in November 1998

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Objective: To introduce the activities of the Honduras Disaster Relief Operation of the Japan Self-Defense Forces, and to emphasize the importance of civil-military

cooperation in responses to an international, large-scale disaster.

Disaster Scale: Between 26 October and 01 November 1998, hurricane "Mitch" swept across several Central American countries, with torrential rains and high winds causing widespread flooding and landslides. More than 6,000 people have perished, and millions more had been left homeless and without potable water.

Disaster Relief Operation: A large-scale, emergency relief program has been launched by the international community, including Japan. The Japanese Government has made a commitment to emergency medical assistance including prevention of epidemics. The authors participated in the operation as members of the Japan Medical Support Unit. The Unit consisted of 23 medical staffs including six doctors. A total 4,031 patients were examined during the two weeks of operation. Most of the patients were children and women. Honduras doctors triaged the patients first, and team members examined patients after their selection. Many aspects of civil-military cooperation were very important during this operation (e.g., translation into local languages, nursing, negotiation with Honduras Government, etc.)

Conclusion: A successful disaster relief operation was introduced in Honduras in 1998, and the importance of civil-military cooperation especially in international large-scale disasters was discussed.

Keywords: Civil-Military Cooperation; Honduras; hurricane; Japan Self-Defense Forces (SDF)

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Japan Disaster Relief Medical Team Activities following the Earthquake in India

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Objective: To review and assess the activity of the Japan Disaster Relief Medical Team, dispatched to India by the Government of Japan, through the Japan International Cooperation Agency in order to conduct relief activities for people affected by the earthquake that occurred on 26 January.

Methods: Review and investigate the present and past operations.

Results: Beginning on 01 February, two field clinics were operated at Madhapar and Kukuma. In total, 960 patients visited these clinics from 02–09 February. Traumatic injuries were the most frequently encountered medical problems (40%). Before the clinics were established, seriously injured persons had been sent out of Buji. But, the wounds incurred from the earthquake were becoming infected. Treatment consisted of repeated irrigation and debridement of the wounds. Repetition of wound pollution resulted from their habit of walking barefoot. Treatment for their wounds could not be completed within the eight days the clinics were active. Such patients were referred to those local hospitals that had recovered from damage.

Conclusion: In spite of the limited term of operation, part