

DMAT No.1 Activities

- Lessons learned from the lack of preparedness -

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ICU

DMAT: Disaster Medical Assistance Team

(English Translation by Red Cross Nuclear Disaster Resource Center)

~~~ I felt we needed full preparation to be a Self-contained team. ~~~

While we were heading to Fukushima, we began to realize the severity of the disaster. Later on we moved to Shinchi as a Japanese Red Cross relief team. However, due to the nuclear accident, we had to move to Miyagi. Although the decision to leave just after a few hours from the start of the activity was to protect ourselves, the heavy-hearted feeling weighed on me for a while. We learned the importance of complete preparation for a disaster response from this experience.

After our hospital ordered us to conduct relief activities, we (DMAT 1), left the hospital at 16:30 on March 11th. I had joined DMAT activities twice before. Each time, I had headed to the affected areas with the expectation of minimal human injuries.

However, this time, that was not the case. As I saw images of buildings and cars washed away or heard information from the car radio on the way to the affected area, I felt life-threatening. A chill went down my spine and I became very tense.

While we were heading toward the area by car, the DMAT Headquarters informed us that Fukushima Medical University Hospital and Sendai Medical Center were assigned as the meeting points. We went to Fukushima Medical University Hospital, but arrived there at 22:30 due to the road being blocked. There were already about five DMATs at the hospital. Following the instruction given by the supervising DMAT, we called hospitals in the area by mobile phone to check how bad they were damaged and to gather information to enter EMIS (Emergency Medical Information System) data on their behalf. Among the hospitals, Minamisoma City Hospital reported that since their minimum utilities for life were unavailable and the hospital building was damaged, it was difficult for them to accept patients. Therefore, our relief team headed to the hospital to support them.

At Minamisoma City Hospital, we were on standby to accept patients by preparing beds and medical supplies at the entrance hall, but there were very few patients transported to the hospital and the hall was very quiet. From our team, a physician, a nurse and two clerks were involved in a relief activity to transfer a 57-year-old woman (with fracture of the right humerus, hemopneumothorax and contusion of the left lower thigh) to Fukushima Medical University Hospital. The other three members including myself stayed to continue to support the hospital and collect information. During that period of time, the hospital kindly offered us use of their staff room for rest. We lay down there, but there were frequent aftershocks that occurred even while resting. The many Earthquake Early Warnings from TV and earthquake alarms from my mobile phone did not allow me to sleep. (Dr. S, resident, was sleeping comfortably next to me. I admired that it was possible because he was young.)

There was a report that another earthquake occurred in Niigata, which made me fear for my family's safety and made me want to go back home soon. After the night that I could not sleep, we returned to Fukushima Medical University Hospital tentatively in the morning of March 12<sup>th</sup>.

Then, we contacted the Japanese Red Cross Niigata Chapter and they asked us to join a

relief team from Aichi which was going to deploy dERU in Shinchu and to set up a regional Red Cross headquarters there. Since we determined that the demand for DMAT would be low, we switched to working as relief teams and departed for Shinchu with the teams from the Japanese Red Cross Medical Center and the Yokohama City Minato Red Cross Hospital. Shinchu is the town where the earthquake derailed a train which was bent from the middle and the images were broadcast many times at that time. The tsunami devastated more than half of the town and 1,580 people fled to 10 evacuation centers.

Cars washed away by the tsunami and debris were scattered on the muddy field through the coast as far as the eye can see. People were desperately searching for survivors since more than 400 people were missing or dead. We set up a first aid center in the town hall and began mobile clinic activities at the evacuation centers with the other Red Cross hospital relief teams. Our Nagaoka relief team visited two evacuation centers where there were about 400 people. The team provided medical examinations and treatments to 38 people including 2 patients with external wounds, patients with insomnia or chronic diseases, and pregnant women.

However, after the explosion at the nuclear power plant in Fukushima, we had to close down the first aid center and were ordered by the Japanese Red Cross Fukushima and Niigata Chapters to leave the town immediately. Until then, we were visiting the evacuation centers as a mobile clinic, telling the affected people, "We will come again tomorrow." However, we were forced to leave the town only a few hours after starting our medical relief activities even though the withdrawal decision was to protect ourselves. The heavy-hearted feeling weighed on me for a while.

Even after I was back to our hospital, I felt guilty for getting away from there and hoped to be back to Fukushima for relief activities, but there was no opportunity for that. My hope was not fulfilled and I am still sorry for that. Following the order to withdraw, we left there for the city hall of Shiroishi, Miyagi, worrying about what would happen to the people in Shinchu. We got to the city hall at 20:00 and were kindly provided with rice balls and cup noodles. We brought only a little food with us and realized only when arriving there that we ate almost nothing on that day and did not even go to the restroom the entire day. The relief team from Aichi provided us with meals also for the next day as a courtesy. We were deeply thankful to them beyond words.

What we reflected on the experience most was that we departed for the affected area without enough preparations. Since we did not bring any blankets or sleeping bags with us, we slept in a narrow space of our car with the car heating system on, bundled up against the extremely cold weather (other members of our team told me that I took the best seat of the car and was deeply asleep during that night).

On the next day, March 13<sup>th</sup>, we conducted mobile clinic activities with a public health nurse in the area and provided psychological care at Shiroishi Middle School accommodating 300 people and at Shiroishi Daini Elementary School accommodating 280 people. The mobile clinic gave medical examinations and treatments to one patient with an external wound and two patients with medical diseases such as insomnia or fever. By noon, we finished the medical relief activities and returned to our hospital at 0:30, midnight.

It was the longest of the DMAT activities I had ever experienced and the three days were hard for me both physically and mentally. Looking back at the activities, I believe that insufficient meals and rest were part of the reasons for that. I know that it is difficult to take sufficient meals and rest when conducting relief activities in disaster areas. However, it is important for relief team members to try to satisfy physiological needs as much as possible. Hunger makes them more tired and lack of sleep can keep them from being mentally stable.

Regarding preparations for disaster relief activities, you should not think that you can manage to procure daily stuff on the way to/in affected areas. I understand that a team to be dispatched first does not have enough time for preparations and the priority for preparing their

foods and gear for resting and sleeping is low. However, I felt from the experience this time that we should take the preparations more seriously because we always emphasize to conduct relief activities by a self-contained team.