



Ndms Serves The Needs Of Hurricane Victims

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Baton Rouge , La. -- The U.S. Department of Homeland Security's Federal Emergency Management Agency (FEMA), National Disaster Medical System's (NDMS) mission is to maintain a national capability to deliver quality medical care to the victims and responders of a domestic disaster. NDMS has medical, veterinarian, and mortuary assistance teams located around the country. There are more than 8,000 NDMS personnel nationwide who were all used following Hurricanes Katrina and Rita. The team has supported six hospitals, three special needs shelters and eight additional sites throughout the state.

NDMS consists of several specialized teams including:

- 45 Disaster Medical Assistance Teams (DMATs), which consist of a group of professional and paraprofessional medical personnel capable of providing medical care following disasters;
- 11 Disaster Mortuary Operational Response Teams (DMORT), which consist of private citizens with specialized training and experience to help in the recovery, identification and processing of deceased victims;
- Four National Medical Response Teams, to deal with the medical consequences of incidents potentially involving chemical, biological or nuclear materials;
- Five Veterinary Medical Assistance Teams, which include clinical veterinarians, pathologists, animal health technicians, microbiologists and others who assist animal disaster victims and provide care to search dogs; and
- Three International Medical Surgical Response Teams,— highly specialized team, trained and equipped to establish a fully capable free standing field surgical facility anywhere in the world.

Before Hurricane Katrina made landfall, NDMS staged nine DMATs in the area. Some of the NDMS responses have been being the first team to treat patients before landfall. The team was also the first team in the Ice Arena during landfall on Aug. 29. Eight DMAT teams worked around the clock at the airport during the peak of patient movement operations.

The DMAT teams have provided care in nine parishes overall. Presently, NDMS is still providing primary care to three parishes: Cameron, Plaquemines and St. Bernard parishes with a 184 personnel and logistics staff.

During the course of this disaster, NDMS has treated more than 63,163 patients, and more than 68,654 patients have been immunized.

NDMSs' DMORTs have processed 905 human remains, 656 have been identified, 244 have not been identified, 507 have been released to their families and 147 are waiting to be released. As of Sept. 18, DMORT's staff was 255 but has since decreased to 126. NDMS expects to demobilize by the middle of December. This has been the longest deployment for the NDMS team than any other disaster.

FEMA prepares the nation for all hazards and manages federal response and recovery efforts following any national incident. FEMA also initiates mitigation activities, trains first responders, works with state and local emergency managers, and manages the National Flood Insurance Program.

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DoD Provides Care To Spell Hurricane Relief - Sandra Basu

WASHINGTON-As Hurricane Rita gathered strength last month and thousands evacuated Texas and Louisiana to prepare, recovery from Hurricane Katrina was still going on in the Gulf area. The U.S. military joined a massive relief effort with other federal agencies along the hurricane-battered Gulf coast last month in the midst of sharp criticism from elected officials that the federal government's response to the disaster-stricken states was too slow. Active duty troops and National Guard poured into Mississippi, Louisiana and Alabama to provide humanitarian assistance for residents that had not left the Hurricane Katrina ravaged areas.



Air Force medics evacuate patients from New Orleans.
(AF photo)

DoD, which was one of several agencies to provide help under the Department of Homeland Security's (DHS) new National Response Plan, provided assistance as directed by the Federal Emergency Management Agency (FEMA), the government's lead agency for disasters under DHS.

One aspect of assistance that DoD provided in the days after the disaster was to help provide immediate health care to the thousands of homeless evacuees in the Gulf region. The U.S. Northern Command (NORTHCOM), the lead DoD organization for the Hurricane Katrina response, set up Joint Task Force-Katrina on Aug. 31 at Camp Shelby, Miss., as DoD's hub to support FEMA. As of the middle of last month, military personnel were still in the region with other agencies to provide health care to the victims of the hurricane, soldiers and aid workers.

Joint Task Force-Katrina Command Surgeon Col. Edward Lindeke, MC, USA, who oversaw the military's medical relief in the region, said that as in other military missions that it performs around the world, the military adapted its assets and resources to work in the damaged region that was still badly flooded in some areas days after the hurricane had struck.

"We are able to tailor our assets to meet the mission. We are extremely adaptive. We meet missions as they change and we are used to that," he told U.S. MEDICINE on Sept. 13.

The effort to provide health care was not without its challenges, according to Col. Richard Bachmann, USAF, MC, who directed the Air Force's medical assistance to the Gulf region, as it involved many governmental agencies.

"Coordinating all those agencies isn't a simple thing and [is] very difficult to practice. We sit down and do tabletops and exercises where we go over who's going to do what, but a disaster of this magnitude is something that is very difficult to simulate or really practice. So, we rely on really well-trained, capable people that can adapt and adjust to whatever the situation is and get the job done. We never practiced hospital care in an airport terminal without tents or [having] equipment being overwhelmed by thousands of patients in the dark without air conditioning, so it was a remarkable thing that those folks did," Dr. Bachmann told U.S. MEDICINE on Sept. 13.

Military Joins Relief

As of mid-September, 68,451 active and reserve component personnel were on the ground or aboard ships supporting relief operations, and included Army, Air Force, Navy, Marine Corps, Army and Air National Guard, according to DoD. Approximately 789 beds were available in field hospitals on Navy ships and in other areas, such as the New Orleans International Airport.

The Army had several medical assets on the ground last month, including the 14th Combat Support Hospital, a level three facility that was capable of providing surgical procedures, at the Louis Armstrong New Orleans International Airport.

Capt. Martin Snyder, MC, USN, Deputy Surgeon for the Joint Forces Maritime Component Command to Joint Task Force-Katrina who spoke to U.S. MEDICINE last month, said that the Navy provided health care to deployed military and displaced civilians in the affected region and its ships were able to provide bed space for aid workers and those that needed health care. Navy ships that were in the Gulf region in mid-September included the assault ships USS BATAAN, USS IWO JIMA, dock landing ship USS TORTUGA, amphibious transport dock USS SHREVEPORT and the USNS COMFORT. Additionally, naval physicians and health care workers were dispatched to the ground to provide assistance.

"We have a robust force here and are spread out over numerous places. We also have a number of mental health teams doing crisis action, trying to help both the military and civilian populations overcome the trauma of some of the things they have been exposed to. We've also deployed a number of preventive medicine teams to do surveillance of the environment to support our people in the area as well as civilians, as requested by state officials," Dr. Snyder said.

One of the initial logistical challenges for the Navy, he said, was getting its ships to the port areas that were damaged.

"Before you could bring in the ships to the port areas, you had to make sure the port was physically able to provide the services the ship needs-power, sanitation and the actual infrastructure-and a lot of those things had been damaged by the storm. Was the channel deep enough to support the draft of that particular ship? Those things had to be resurveyed by the Coast Guard before you could bring your ship in," Dr. Snyder said.

Dr. Bachmann said that one of the areas where the Air Force provided medical assistance

was at the Louis Armstrong New Orleans International Airport, a major hub where displaced residents were taken. He said the Air Force deployed medical personnel and a 25-bed mobile hospital known as EMEDS (Expeditionary Medical Support), and set up in one of the airport's terminals. The 4th EMEDS and Contingency Aeromedical Staging Facility was composed of personnel from a variety of bases.

Dr. Bachmann said that the task of the Air Force medical personnel at the airport was to assist other government agencies and civilian medical teams to provide health care to those individuals that came to the airport and to provide aeromedical evacuations.

"The EMEDS is set up to rapidly treat, stabilize and then air evacuate people out. It's a 25-bed hospital, but we took care of 2,500 people in two days, so the number of beds is essentially irrelevant, because we weren't holding them and providing long-term treatment. We were managing their illness and rapidly moving them out of the way. If you had to keep those people until they were well enough to go home, you would have had to have had thousands of beds," Dr. Bachmann said.

The medical personnel slept in the terminal on cots for the first couple of weeks after the hurricane. As of Sept. 11, Dr. Bachmann said the Air Force personnel had taken care of approximately 14,317 patients in conjunction with other agencies, with the vast majority of the patients being cared for at the airport.

"Our air medical staging facility is where they go after they have gotten medical care. They are held there in a waiting area where they are monitored until they are loaded onto airplanes. They moved 2,556 patients by aeromedical evacuations [to other cities]," he said.

Dr. Bachmann said that the Air Force team did not see many trauma-related injuries, but saw many people who were already in poor health and were having more health problems as a result of not having their medications. "A lot of hypertension, diabetes, pulmonary disease that was deteriorating because they had not taken their medicine, or had a pretty rigorous experience," he said.

One of the logistical difficulties Dr. Bachmann said the Air Force faced upon arriving at the airport was that patients were already arriving at the same time that the military help was arriving at the airport. "We stepped off the airplanes and got to work. They really didn't have hours and days to set things up. They just jumped into things. So we actually didn't set up very much of our equipment. The Disaster Medical Assistance Teams (DMATs) had already gotten there and were already seeing folks, so we just joined them and added to the manpower and had at it," he said.

Dr. Bachmann said that for a disaster, such as a hurricane, it is difficult to have equipment set up in the area before the event strikes. "For something like a hurricane, you really can't preposition a lot of trailers or airplanes or anything else in the path of the storm. They have to be evacuated for the same storm that you are trying to help. On Thursday [after the hurricane hit] we had our people at the airport," he said.

The sheer enormity of the destruction was something that some military personnel said they had not encountered before.

"I have not personally seen that level of destruction in my history. Everything a half mile

wide for 50 miles was destroyed on the Gulf coast, massive, violent destruction. One memory that sticks out in my head is a homeowner [had] built a home with steel girders and that was in fact the only thing left. The wind had stripped every perishable thing off its frame," said Joint Task Force-Katrina Surgeon Office National Guard Medical Liaison Maj. Rich Stitzer, MS, USA, who had been to Biloxi and Gulfport, Miss.

Damaged Hospital And Displaced Beneficiaries

In addition to helping civilian victims of the storm, the military also was recovering from damages it suffered to a major medical facility. Keesler Medical Center at Keesler Air Force Base in Biloxi, Miss., which serves more than 56,000 DoD health care beneficiaries within a 40-mile catchment area, suffered extensive damage to its facility, due to floodwaters, and was closed last month. The pharmacy on the base was also destroyed, with approximately \$6 million lost in pharmaceuticals. Keesler Air Force Base spokesperson Lt. Col. Steve Murray, USAF, told U.S. MEDICINE in mid-September that it could be six months before the medical center would be able to be reopened.

Lt. Col. Murray said that about 10,000 of the 16,000 people on the base had been evacuated before the storm hit. Patients were also evacuated by medical personnel from Wilford Hall Medical Center at Lackland AFB, Texas, in the days following the storm. Patient records at Keesler were kept safe from flooding that damaged their original location, since they were transferred to a new location before the storm hit.

Military health care personnel from the base, as well as from other agencies, were set up at the base to provide health care to the community and the base after the hurricane.

"There are about 4,000 people on the base right now, and about one-quarter of them are relief workers from the Red Cross and FEMA and other agencies supporting our effort of humanitarian and medical relief in the community and also the reconstitution of the base," Lt. Col. Murray said in September.

In addition to dealing with the damages incurred at Keesler, DoD was helping the estimated 136,000 beneficiaries who were displaced by the storm. TRICARE Management Activity (TMA), the DoD agency that administers the military's health plan, said that as of mid-September fewer than 20 uniformed service beneficiaries had been identified in shelters. TRICARE was working to find the locations of the displaced beneficiaries and provide them with health care information.

TRICARE also said it was sending staff to a number of sites to provide face-to-face counseling for affected beneficiaries. The staff would advise displaced beneficiaries how to access care and answer questions about their health benefit options. In addition, TRICARE also extended the waiver of pharmacy copays through Sept. 30, 2005, for beneficiaries affected by Katrina who were unable to pay the copay. These beneficiaries were also being told that they could request that their prescription records at military treatment facilities in the Gulf region be transferred to other military or retail pharmacies in the country. In addition, affected beneficiaries who participate in the TRICARE mail order pharmacy program were told they could get their prescriptions from retail pharmacies if they could not get them by mail.

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