

## **DMATTERS**

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### **TADMAT to form cooperative agreement with GIS Experts**

On December 5th, Paul Rega, MD and Kelly Burkholder-Allen, RN met with Mark Eboch and Pam Showalter from the Dept. of Geography and Planning at the University of Toledo. Mark specializes in topography and Pam's area of interest is in satellite surveying of National Disasters. Our meeting was very productive because of their very strong interest in our disaster experience and it was quite evident that an arrangement with UT would be mutually beneficial to UT and the TADMAT. We would benefit from a logistical standpoint by having customized mapping and an opportunity to participate in research with UT. Mark and Pam even inquired about joining our team and training with us. The Chairman of the Geography and Planning Dept., Dr. William Moracco was at the meeting for a short period of time, and expressed interest in his department supporting our team. All in all, it was VERY PRODUCTIVE.

### **DMAT Resupply Load Arrives**

The TADMAT received the "DMAT RESUPPLY LOAD" from NDMS in December. This load contains all the equipment needed to resupply a DMAT and is considered to be a DMAT's expendable items. These items include everything from diapers to suture trays. This equipment load doesn't include hard supplies and support supplies such as generators, cots, tents, etc. The call for help in unloading went out the night before, and unfortunately, the response was not as strong as I would have liked. Five team members did show up that day and with the assistance of a mini-fork-lift and pallet jack, acquired by Jim Kaptur and loaned to the team for the day by MCH Maintenance Dept., the six of us were able to unload the equipment and move it to the 3rd floor of the Douglas Bldg. (our supply area) in about 2 hours. While I was in Rockville, MD. at the OEP / NDMS Headquarters, in December, I was shown some of the equipment we will be receiving with the BASIC LOAD, hopefully to arrive in a month or so. This equipment included a satellite telephone system about the size of a large typewriter, a 4' x 4' rack of two-way radio and HAM gear that is self contained in a travel box, and laptop computers that will eventually (this spring) find their way to our team. Special thanks to Denny Bradley, Jim Kaptur, Tony Shipple, Abbe Camancho, and Kelly Burkholder-Allen for assisting with the equipment unloading.

### **TADMAT personnel reorganization takes place this month**

This month, each of you should have received a letter explaining a personnel reorganization being attempted by the TADMAT Executive Committee. There are over 250 members on the TADMAT. Of these members, an average of about 50 show up to the monthly meetings. Additionally, only about half of the team has paid their 1993 dues. There are a number of team members who have lost interest in the team and/or moved out of the area without notifying team leaders to take them off the roster. As the TADMAT is now recognized as a Level-I team, one of the top 20 teams in the country, the team is

more likely to be activated than ever if a disaster strikes this nation. This personnel reorganization begun with the requirement of dues in late 1992. It has now matured to the point that personnel who have not paid their dues and have neglected to attend meetings and remain in contact with the team, will be removed from the local team roster and the list at NDMS headquarters. Now that the likelihood of our Federal and local activation becomes higher, we must highly organize our personnel roster to streamline that eventual deployment. All team members are urged to pay their 1994 dues, their delinquent 1993 dues if applicable and to attend meetings and training exercises. In the event of a deployment, those that have exhibited their commitment to the team by keeping their dues payments current, and those that have received the training and experience by attending meetings and exercises will occupy the deployed team positions in order to better accomplish the mission. Those who have not paid dues and whose attendance are lacking may not be eligible to deploy with the team.

### **OEP / NDMS gears up to possibly deploy DMAT's to assist with Haitian/Cuban refugee crisis in Florida**

On December 15th, Dr. Paul Rega, TADMAT Medical Commander and Churton Budd, RN, TADMAT Executive Officer were invited to a special NDMS Planning Conference in Atlanta, GA. This hastily prepared, 1 day meeting was sponsored by the Public Health Service: Office of Emergency Preparedness (OEP) / NDMS and the Center for Disease Control. The topic of the meeting was discussion of the use of NDMS DMAT's to assist with caring for refugee's from Cuba, Haiti and other Caribbean nations that were expected to migrate to the US. The OEP and CDC have been watching the changing political and economic climate of countries in the Caribbean, specifically Haiti and Cuba. Refugee's have been migrating to the US for the past 5 years with increasing numbers recently. The CDC explained that about 150 migrating refugee's are arriving in US waters per day of which most are returned to their countries by US Coast Guard prior to landing on US soil. It is expected that this number may increase to the level that Coast Guard personnel will be unable to intercept the majority of the refugee's. Reports from various people I have spoken to indicate this increase in number could range from 500/day to 15,000/day. The Office of Refugee Health told us that once a refugee lands on US soil, the legal issues change, and they must be dealt with according to US law. This means they must be processed through the Dept of Immigration. During this time, the refugee's are probably going to remain in detention centers. These probably will be outside the state of Florida. Due to the numbers of refugees expected. The Office of Refugee Health also mentioned that the classic refugee is a young healthy male, who migrates alone, to earn money to send for his family later. The Coast Guard is reporting more commonly finding complete families with infants and the elderly migrating. This indicates that the situation in the refugees homeland is becoming more desperate. The OEP / NDMS has been asked by the Federal Govt. to assist in refugee care at these detention centers until the PHS can mobilize their other assets (ie: Health Care manpower agencies) to staff the sites. Each DMAT responding will deploy for a 7 day deployment, with the deployments totaling about 30 days until PHS has mobilized to take over. Many DMAT leaders at this meeting voiced their concern about this atypical DMAT tasking. There are a number of issues that have not been worked out, ie: the exact length of time of each team response,

the personnel composition of the teams deployed, the added risk of infectious disease exposure due to this type of mission, etc. The CDC assured the teams that in their experience, only 5.5% of the refugees were HIV(+), 40-50% had (+) PPD titers, however only 6% had abnormal chest X-rays. Other diseases observed were 4% malaria, a large number of STD and skin lesions that probably won't be infectious to the DMAT's and other parasites and URI infections. There has not been much talk or information from OEP / NDMS since the conference but TADMAT members are urged to keep an ear on the news for changes in those countries that might prompt an escalation of the migration. During the January meeting, Karen Cajka, RN who has visited Haiti with a health care team will show some slides and discuss what health problems may be common to these refugees.

### **FT Wayne DMAT to hold confence: March 5th**

The Ft. Wayne DMAT (IN-2) will be hosting a conference March 5th for Prehospital and Emergency Providers. There will be a specific breakout track for DMAT members and all of the Midwest teams are expected to have some members attend. A carpool is going to be arranged for anyone who is interested in attending this conference. Please mark this date in your calendar and plan to attend!

### **Research Moving Forward**

Do you remember all the paper work you went through on the patient care records from Hurricane Andrew? Well, there was a lot of raw data but here are some of the preliminary results. Keep in mind that these are only the records seen at Cutler Ridge and Perrine and NOT CHI. 384 patient records were reviewed. Of these, 270 (70.3%) were prescribed and/or received medications. Of these 270, 98 (36.3%) did not have any mention of medication allergies documented on the chart. 88 (23%) of the total were pediatrics (under 19 yrs) and the average age of those was 8.66 yrs. There were 185 (48.2%) males and 199 (51.8%) females treated. 103 (26.8%) had no vital signs documented and 147 (38.3%) had complete vitals recorded. The rest lacked one or more vital parameters. Only 7 (1.8%) had no chief complaint documented. 185 (48.2%) had no discharge diagnosis documented. 11 (2.86%) were transported from these sites to either CHI or directly to hospitals in Miami. The average age of patients seen was 35.05 yrs with an age range of 10 months to 95 years. 430 medications were prescribed and or distributed by the DMAT with an average of 1.6 meds per patient (receiving meds). 19.5% analgesics, 28.6% antibiotics, 5.6% respiratory, 14.2% tetanus prophylaxis, 5.3% anti-hypertensives, 7.2% steroids, 3.8% antihistamines, 2.6% antiseptic solutions and 13.3% miscellaneous. Further work is needed with regard to types of patients seen and adequacy of documentation. In addition, the "Disaster Victim Satisfaction Survey" idea was greeted by interest by an NDMS official in Atlanta. Hopefully something publishable will come from all our labors.

### **Executive Committee meeting scheduled prior to January's meeting:**

The TADMAT Executive Committee will meet at 5:30pm in Room 105 of the Health Education Building at MCH. This meeting will occur prior to the general team meeting. Team members are reminded that Executive Committee meetings are open and other team members may observe, however any comments or concerns from Non-Executive Committee team members will not be entertained until 7pm, at the general team meeting. This policy is necessary to allow the Executive Committee to complete their work in the time before the meeting. Executive Committee members include: Paul Rega Medical Commander Churton Budd Executive Officer Manny Madrazo Senior Medical Officer, OH1B Pat Fogel Team Leader, OH1B Deb Pfann Treasurer Dave Lindstrom Senior Medical Officer, OH1C Paul Johnson Safety Officer Jackie Hogan Team Leader, OH1C Michelle Lezon Public Information Officer Kevin Kroeger Senior Medical Officer, OH1D Al Geha Communications Officer Denny Bradley Asst. Team Leader, OH1D Kelly Burkholder-Allen Team Leader, OH1E Jim Fenn Asst. Team Leader, OH1E