DMATTERS
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1996 Fall Field Exercises

On October 12 & 13 the TADMAT held our annual fall exercises on the MCO grounds near the MCO Power/Steam building at the back side of the Northwest Ohio Psych Hospital. We had not held the fall exercises since 1994 as in 1995 we participated in the Toledo Express Airport disaster drill in it's place. Again this year we inviting a hundred or so Boy Scouts who will came to the area to receive training toward their Disaster Preparedness Merit Badge. In addition to the Boy Scouts, we played host to a number of DMATs from the Midwest area. In attendance were members from the Dayton DMAT (OH5), Youngstown DMAT (OH6), Michigan DMAT (MI1). We had about 45 members from these visiting teams. Unfortunately, the showing from the TADMAT was VERY poor with less than 30 members of our 150 member team showing up on either or both of the two days. The program was similar to the last few Fall Field Exercises. Some old topics were be presented as review and for new folks on the teams. Some new topics were presented, representing current trends in the national disaster response. Topics included: DMAT compound setup, tentage, putting up cots, stringing lights, generator operations, camp safety, perimeter set-up, buddy system, problems that have occurred and have been known to occur during a deployment, radio communications and radio etiquette, communications & intelligence gathering / informational preparations before, during and after a deployment, Field living/prior deployments, survival skills, gear packing methods, LZ Set-up, flight/airhead safety (fixed & rotary), flight medicine, Lifeflight arrival, lifting, hauling, litter obstacle course, Incident Command System, HAZMAT demonstration, CISM: stressors experienced before, during, and after a deployment, water purification, environmental issues, smiling death syndrome, mass gathering medicine, Chemical / Bio / Nuclear terrorism & its effects / interventions, injury patterns, indirect public health affects of a disaster, disaster drill walk through , and Start triage. On Sunday, the Boy Scouts acted as victims for the DMATs to practice a full scale disaster drill. This type of drill is extremely important so that DMAT members understand the process and flow of victims through a field hospital setting. The training given at these drills is quite comprehensive and gives new members critical knowledge needed in order to participate in an actual deployment. Seasoned veterans of the DMAT also find these drills an excellent review and find their knowledge base is strengthened by participating in one of these weekend events. All team members are encouraged to plan ahead with the announcement of the Summer Field Exercises to assure that you can attend the drill and participate in the training. Attendance at one of these field events is looked upon as a necessity to be eligible for deployment.

TADMAT members deploy during the '96 Olympics

Kelly Burkholder-Allen

Shortly after the NDMS debut onto the scene of disaster relief, Hurricane Marilyn provided the system with yet another challenge that NDMS and the DMATS very

capably handled. The change in administration brought with it new leadership for NDMS, Thomas Reutershan was replaced by Dr.Frank Young, a Rear Admiral within the USPHS. Having an MD, PHd at the helm brought NDMS a new sense or Medical mission. In addition to new leadership and two successful deployments for the system, monies became available for outfitting the newly chosen Top 21, Level I teams TADMAT being one of them). IT was a cause for celebration when we were named one of the top 21. Suddenly, years of hard work and dedication came to fruition. Our team had "arrived" at least to the ranks of the top 21, we still had lots of work to do to maintain a reputation that we were beginning to establish. By this time, Paul, Churton, and myself had attended several NDMS Annual Conferences, presented at the 1991, 1993, 1995, and 1996 conferences, participated in the Hurricane Andrew and Iniki After Action Seminar, and had taken part in the effort directed towards Refugee care and relief that raised much controversy amongst the Level I teams. No supplies had arrived, but we were known as a scrappy team that could deliver when it counted. Our networking efforts were heightened by Churton's master of the realm of cyberspace and the BBS that he developed and installed in the home office in Rockville, Maryland. By now, you wonder what any of this has to do with Atlanta---well, hold on, I am getting there. Sometimes it is difficult to appreciate where you are until you know how you got there. Our journey to Atlanta began about 10 years ago, when Paul Rega got one of his ideas. This idea was a DMAT in Toledo, Ohio. It was a long shot. When I joined in 1989, it was by strong recommendation of my new boss. My idea of camping was "ruffling it" at a hotel that did not have a bar in the room.. Our first drills were surpassingly well executed given our lack of experience, training, and equipment. If you think we had rough beginnings, I am quite sure that things were not much rosier in Rockville. But our journey to Atlanta would not have been nearly as organized and financed, had all of us within the system had not traveled the rocky road that we did. Those of you who are new to the team and have had limited experience with a deployment probably think just "what in the hell is she talking about?' Well, I went to Atlanta with many expectations and those expectations were more than met, in fact, they were surpassed. For a step-child governmental agency such as NDMS to have pulled such an event off is no minor task. All this, during Hurricane season. Plane tickets were in order, pay and reimbursement occurred in a timely fashion, accommodations were plush, transportation was adequate, training was outstanding, (no, I am not an optimist) and the tour that I spent was more than I had ever thought NDMS capable of. Their ability to pull so many from so far for a "what if" scenario, surely helped the NDMS live up to the "911 of FEMA" that had been established as a goal several years ago. Simultaneous to all of this they were attempting to supply the Democratic and Republican conventions with trained professionals to be present for a "what if" at either of the conventions. I for one am really proud of all of those folks in Rockville, as well as all o the men and women on our team. We have come so far and I really think that we have so much farther to go. Terrorism has added a new dimension to disaster response that opens a window of opportunity for us. Future deployments may include more and more "what ifs" in addition to "pre-deployments" similar to that experienced by teams during this past year's hurricane response. A major challenge has been presented to us. We have much work to do , to rise to the challenge and maintain a reputation that has been so hard to achieve. We will need to grow and

expand our capabilities to meet the missions that are foreseen, yet dreaded by society. Can we do it?

1997 Meeting Dates:

Jan 16 Feb 19 Mar 20 Apr 16 May 15 Jun18 Jul 17 Aug 20 Sep 18 Oct 15 Nov 20

All meetings are at 7PM in the MCO Health Education Bldg. They alternate each Wed & Thurs the third week of the month.

Other Important Dates:

Executive Committee @5pm on : Feb 19, May 15, Aug 20, Nov 20
Holiday Party: Feb 8th, 8PM
Cold Weather Drill: Mar 7-8
NDMS Conference, Tampa, FL Jun 3-8

Team Phone / Contact list to be published

Many team members have expressed an interest in distributing a list of current TADMAT members and their phone and pager numbers. While such a list would greatly enhance communications within the team and should be regarded with confidentiality, some members may wish to keep their numbers private. I anticipate making such a list available within the next month so . If any team members DO NOT wish to have their telephone and/or pager numbers included in such a list, please contact Jim Fenn, TADMAT Personnel Officer at 891-9008.

The 5-Person Team Concept
Paul Rega, MD, TADMAT Commander

Since the Olympics, the concept of the 5-person disaster team has been making the rounds across the US. Is it a concept that will make up a significant part of future DMAT deployments? Is it a concept that is accepted by the majority of DMATs? Is it a concept that is worth studying and possibly employing after major modifications? I don't have the answers to those questions. I do know that NDMS was considering 5-person teams for the Democratic Convention in Chicago. I also know that there is some concern among the few teams that bother to communicate. However as the concept stands now, I cannot endorse it for TADMAT. When we've deployed as a full team, we have had the medical, logistical, and emotional support from each of the members on our own team. We relied on each other for that support and it was crucial especially when things were not going as planned. Can we count on that kind of support if we were on a 5-person team-- some, if not, most of whom, may not even be a TADMAT member? And what about the other members on the 5-person team? If they come from other DMATs how do you know how well-trained they are or how physically fit or emotionally stable? These may be people who, no matter how many titles they have, never were in a disaster or high-stress environment. Since the Atlanta experience, I am not comfortable putting our people in

harm's way as part of a 5-person team. The concept was not tested in Atlanta and I believe if it had been, DMATs in general would have suffered. There may be situations where 5-person teams are beneficial, but for this concept to flourish NDMS needs to make sure that the personnel are disaster-experienced, physically/emotionally fit, well-trained in their areas of expertise, and well-trained and drilled in 5-person deployments. At the present time, the only 5-person team concept I could advocate is one in which all 5 members are from TADMAT and are selected by the TADMAT leadership. I do not know if this editorial will stir up any debate, but above all I believe its the responsibility of TADMAT leaders to anticipate and to mitigate against dangers that might impact TADMAT and its members.

Ohio DMATs

The scene was replayed on the television news repeatedly. A festive gathering in Olympic Park in Atlanta, Georgia interrupted by a sharp report and a flash of orange light. One person lay dead and a number of others lay injured as the crowd slowly came to the realization that a bomb had been detonated in its' midst. Local EMS responding to the scene efficiently triaged, treated and then transported all of the victims to local hospitals in a short amount of time. But, what if this tragic event had been on a much larger scale? Were the resources available to treat a large number of victims? The answer is yes. Mostly unseen but ready to assist if needed were scores of medical personnel trained in disaster response. Many of these people were members of Disaster Medical Assistance Teams (DMAT) from locations around the country including the Ohio cities of Dayton, Toledo and Youngstown. DMAT personnel and other specially trained groups were staged at Dobbins Air Force Base in Atlanta and were ready to move at a moments notice. Medical personnel were divided into 5 person strike teams which were usually composed of a physician, nurses and EMTs of various levels. Routes for rapid transport of these personnel had been established both on the ground and in the air so the teams could be moved to any of the Olympic venues with ease. Each team carried with it a radio for communication with medical command and a medical pack with supplies. When the units were not on duty, they were available on pager and could be recalled to the base and pressed into service in 30 minutes or less. Those who went to Atlanta did not just sit and wait for a call. All attended educational sessions that were presented at the beginning of each week long stay. Lectures on HAZMAT, terrorism, and more were provided by ATF and FBI personnel. The military conducted ground and airborne exercises with DMAT personnel almost daily. "I went for the whole Olympic experience." says James Kaptur, EMT-P. "Everyone was doing their part and I wanted to do the same. It wasn't quite what I expected but I was glad that I went." A DMAT is a formal member of the National Disaster Medical System and operates under the auspices of the US Public Health Service (USPHS). Members volunteer a lot of time to train, attend meetings and support the team. When activated on a Federal level they become employees of the USPHS which pays their wages and covers licensure, liability and disability issues. All of the members share a common interest in helping victims of disaster. The primary mission of a DMAT is to provide a high level of medical care so many members are physicians, nurses and EMTs of all levels. Support personnel such as communication specialists, supply personnel, clerical and Critical Incident Stress Management personnel are also of great importance

because each team must be completely self sufficient once deployed. A large cache of equipment supports the team. "Our team has to provide care over an extended period of time and away from a base or supply area so we have to carry a large amount of supplies", says Denny Bradley, EMT-B, the Toledo DMAT Supply Officer. "We have to support ourselves along with up to about 250 patients a day for at least 72 hours at a time. We are trained to be able to both live in tents and treat our patients in tents with all of the support gear such as lights, generators and so on or we can utilize existing buildings for the same thing. We are basically prepared for any possibility." The Toledo Area DMAT (TADMAT) has formally been in existence since 1985 and has over 200 members. The team was deployed to treat victims of hurricane Andrew in south Florida in September, 1992. There, members treated 990 patients and made over 3300 health assessment contacts. More recently, TADMAT was deployed to St. Thomas in the US Virgin Islands to help after hurricane Marilyn struck. Working in concert with a DMAT from Massachusetts, a tent hospital was set up on the front lawn of the St. Thomas hospital which had been heavily damaged. The teams treated an average of 200 patients per day and the pharmacy filled over 500 prescriptions per day. Injuries from cuts and scrapes to gunshot wounds were treated. The most common problems, however, were medical conditions such as respiratory and cardiac conditions that were exacerbated by the environmental and by people running out of prescription medications. Some unusual maladies were also encountered such ceguatera (reef fish poisoning) and Dengue fever. The work is hard and the hours long. Most team members got an average of 3-5 hours of sleep a night (or day) and that was frequently interrupted by the sound of helicopter traffic bringing in or transporting out patients. On a deployment there are none of the amenities of home. Drinking only bottled water and eating MREs - meal ready to eat - is the usual fare for the day. Electricity may be a luxury and off duty entertainment may consist of reading a book or listening to a battery powered radio. Personnel are usually restricted to the encampment for security reasons and travel within the disaster area is severely restricted. There is ample protection for the team, however, as they are usually under the watchful eye of the US Military, National Guard, US Marshals, or ther police force assigned to them. There is no shortage of personnel offering to go on deployments. "I do this for the sense of satisfaction. I'm able to take the skills I've learned and apply them under the less than ideal conditions found in disaster areas." says Churton Budd, RN, EMT-P, the TADMAT Executive Officer. Most team members agree that the challenge of providing top level medical care under the worst of conditions is the force that keeps them going. No area of the country can be completely free from the threat of either natural or man-made disaster. These Ohio teams located in the northern and southern portions of the state represent a highly trained and highly skilled pool of personnel and they are a valuable asset.

by James Fenn, RN, CEN, EMT-A (From an article printed in Winter '96 Ohio EMS magazine)

HERE WE GO AGAIN!!!
Paul Rega MD

As you probably know, TADMAT has been working on a MOU with the state of Ohio for at least the past 3 years. After being shunted from agency to agency, the state EMS discovered us as well as the Dayton DMAT and the Cinci MAT and declared our teams as disaster resources. A MOU was developed by that agency which provided transportation, liability, compensation for team supplies expended, and workmen's compensation for us should we ever be deployed by them for a major Ohio disaster. All that was left was for the signing of that MOU by the pertinent authorities. However, due to retirement and illness, the people at EMS responsible for this activity departed and new personnel entered into the picture and a whole new process of re-education had to take place. Despite this, the draft MOU was declared invalid, but there was a verbal promise to look into the matter and work things out. This new phase began last year and repeated phone calls did not resolve the issue. There was still the promise that the issue would be studied and that legal authorities would be consulted to re-ignite the ties between the teams and the state. In the meantime, the disaster teams decided to move ahead and work together to coordinate activities and commence drilling together. The two drills we've had this year were the result of this process and both drills were highly successful. No further contact was made with EMS since the spring of this year so as to avoid the appearance of badgering people and also to allow them time to research the matter in depth and to develop a plan and ultimately, a MOU. On December 6, after 2 weeks of multiple phone calls and no return messages, I finally had the opportunity to speak with Ms. Linda Ishler who has been our liaison with the state for over a year. Essentially, she declared that no further work has been done on this matter, that the people before her probably had no authority to develop a MOU, and that she doesn't see how these teams can fit into a state disaster plan unless its a Federal disaster. It is her belief that a major Ohio disaster would be managed simply through mutual aid. It was this statement that made me conclude that our liaison, despite attempts to educate, has a profound ignorance of the capabilities of the disaster teams and therefore has no real incentive to act as a proponent for our cause. To her credit, however, she did agree to allow us to present our case to the new director, Mr. Mitchell Brown, when he officially assumes his duties in January 1997. In the meantime, it appears that the disaster teams have to take a more aggressive posture to demonstrate how disaster-experienced health professionals such as ourselves can be of service to the state and its citizens. At one point, early last year we thought that was accomplished, but now it looks like we will have to start from scratch. An action plan is now being devised and part of it will include discussing the matter with our state representatives. The TADMAT leadership welcomes any input or suggestions from team members in this endeavor.