U.S. Turns to Medical Volunteers in Disasters

Each time a disaster makes headlines, more than 6,000 volunteers in the National Disaster Medical System are paying attention. Some keep their gear by the front door and others tell employers they'll return in two weeks.

The Jan. 12 earthquake in Haiti led to the largest international deployment in the system’s 26-year history. Anyone who watched the news saw schoolyards and tents turned into outdoor emergency rooms amid a landscape of human suffering and crumbling buildings.

The doctors, physician assistants, and nurses treating survivors included 1,100 NDMS volunteers. Disaster Medical Assistance Teams (DMATs) assisted 31,300 patients in Haiti and performed 167 surgeries through Feb. 22, according to a report from the U.S. Department of Health and Human Services (HHS).

“The number of people who wanted to volunteer to go was far more than the number we needed,” says Dr. Kevin Yeskey, director of the federal government’s Office of Preparedness and Emergency Operations. “These are people who are otherwise employed as civilians in hospitals, in clinics, and elsewhere who give their time and their expertise. ... I think it’s one of those organizations that stays under the radar screen, but time after time does a fabulous job in providing high-quality care to people in need.”

Steve Martin, an associate professor at South University — Tampa, wasn't one of the 90 Floridians called to Haiti although his Ft. Lauderdale-based DMAT team was placed on alert in February. Martin has been a member of the team since 2001, and describes the role of DMATs this way:

“I would say that we’re able to deliver fairly advanced care in a fairly primitive setting … and people are sometimes surprised by what we are able to do,” says Martin, a physician assistant and director of South’s just-launched Physician Assistant program in Tampa.

The National Disaster Medical System was formed in 1984 primarily to respond to medical needs arising from a domestic disaster like an earthquake in California or a hurricane in Florida. By far the largest deployment of system volunteers occurred after the Sept. 11, 2001, terrorist attacks on New York City and Washington, D.C. Martin still has the “all call” email alert from 9/11.

“We just had no idea how far this was going to go,” he recalls. “We got the email alert at a time when every American was feeling shock and concern. … We felt the same emotions. We had our gear by the door, and our team’s mission was to go in two weeks after the event.”

Although his team’s deployment was canceled, Martin thinks 9/11 was a turning point in disaster medical system’s history as it was moved into the newly created U.S. Department of Homeland Security.

“That’s when we got a huge infusion in our budget,” Martin says. But two years after the government was roundly criticized for the delayed response to Hurricane Katrina in 2005, the disaster medical system was moved back to the Department of Health and Human Services.

Martin says his most memorable deployment was to Port Charlotte, Fla., in 2004 just as Hurricane Charley was abating. Their convoy set up large tents on the parking lot of the hospital, which was damaged and didn’t have power. This particular deployment had an impact because it hit so close to home.

“We were the emergency department for that whole region,” he says. “It was a category 4 hurricane, so there was fairly significant devastation. I just felt so sorry for all the families who were living out in their yards because their houses were destroyed and they were in the heat trying to pick up the pieces of debris. We were hot, too, but when you look at these people you don't think about your own difficulties.”

DMATs frequently see lacerations, puncture wounds, and dehydration in hurricane survivors, he says.

“Most people think of disasters as trauma and major injuries, and that’s true to a degree right after the initial hurricane, or whatever disaster, passes,” Martin says. “But where the real need is, is the ongoing care — the things that go on in every emergency department, every day, across the country.”
Women in labor would be an example. In Haiti, DMATs delivered 45 babies despite numerous challenges involved with the deployment.

As Yeskey, the government official who visited Haiti in February describes it: “The infrastructure we went into was severely impacted, meaning that there were virtually no reliable food sources, no reliable water sources, no existing structures for us to house our members in, and there were no existing facilities that were available for us to operate from in the sense of hospitals.”

Logistics was another issue. Basically, all the equipment and supplies needed for two-week team rotations had to be flown into Haiti’s very busy airport. “There were only certain windows of time we could get our planes in, so making sure that we sequenced all of our supplies and ‘re-supplies’ to support our teams was a challenge,” Yeskey says.

Florida, which has the second-highest number (six) of DMATs in the nation, is playing a big role in caring for Haiti’s survivors. On Jan. 27, Gov. Charlie Crist requested relief from the National Disaster Medical System after hundreds of medical evacuees were transported to Florida hospitals and nearly 20,000 Haitians were relocated to the state, according to a Miami Herald report. (The disaster medical system transported 79 patients altogether.)

“What Gov. Crist was asking for was a payment mechanism” to care for Haitians relocated to Florida, HHS spokeswoman Gretchen Michael tells South Source. The activation means hospitals and providers that received patients under the disaster medical system are reimbursed at 110% of Medicare rates. “Florida stepped up to the plate early and was taking lots of patients from NGOs (nongovernmental organizations)” and other groups, she says.

Some miscommunication apparently occurred between the state and federal government, and medical transports to Florida stopped for a day. This incident will be part of an analysis of the federal response in Haiti. “I think we’re looking at all those issues now,” Michael says.

The disaster medical system partners with several federal agencies on deployments, but on international relief missions even more entities are involved. That’s another lesson to take away from Haiti, Yeskey says.

“There is a large nongovernmental-organization community out there of responders that go in … and we’re just a part of that,” he says. “So making sure that we integrate well with our NGO partners is an important distinction from the domestic side, where we don’t see a lot of that.”