

# The CA-6 Chronicles

The latest news and information from the  
San Francisco Bay Area Disaster Medical Assistance Team, DMAT CA-6

— Visit us at [www.dmatca6.org](http://www.dmatca6.org) —

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Caregivers to the Nation...Building a bridge between hope and despair



Founded in 1997

## Mark Your Calendars

- **01 - 31 Jul** – Federal on-call month.
- **08 Jul** – Wildland FTX load-out and work day, 1000 – 1500 hrs. Meeting location varies; contact [logistics@dmata6.org](mailto:logistics@dmata6.org) to sign up.
- **15 - 16 Jul** – Wildland FTX '06. See info in Training News below.
- **22 Jul** – Wildland FTX load-in and work day, 1000 – 1500 hrs. Meeting location varies; contact [logistics@dmata6.org](mailto:logistics@dmata6.org) to sign up.
- **28 - 30 Jul** – San Jose Grand Prix. See below for additional information.

## Commander's Corner

By David Lipin, Commander

Welcome to the June issue of the CA-6 Chronicles. We've had a very busy month, preparing for the upcoming hurricane season. Of course, we'll never be "done" preparing, but we're nearly back to a stable state with our new cache, revised training program, etc.

With only two events remaining, we're also nearly through our heaviest scheduled time of the year (May – July). After these, our event schedule is clear through the end of the year, except for the September team meeting.

### July On-call

We're on federal on-call status for the month of July. With FEMA's new policy of "more, sooner, closer, safely", this means that they'll be pre-deploying resources sooner in the event of a hurricane. So pack your gear, make your

arrangements at home and at work, and watch the news.

We'll conduct our Q3 notification system test in a few days, so if you haven't updated your phone, pager and e-mail contact info, you should do it soon. Go to the website Members area and follow the Automated Notification System links.

### Haiti Mission

All members recently returned from another very successful Haiti mission. An article from Aileen Hayes appears below.

### Wildfire Medical Support

We're still accepting applications for this year's wildfire medical support mission. The contract is in place, and the cache rehab process is nearly complete. For more information or to sign up, go to [www.emsa.ca.gov/dmatcdf.htm](http://www.emsa.ca.gov/dmatcdf.htm).

For those who have already signed up, we will test the notification system in early July.

### Wildland '06

We assisted with another successful Wildland live-fire training this past week at Camp Parks. A small but lively group of team members helped us out there. Not too many patients (3, actually), but the camaraderie with AMR, Lawrence Livermore Fire, Reach and Calstar was great, and we got a good trial run of this year's response cache and trailer.



### San Jose Grand Prix

Sign-ups will go up on the website tomorrow for this three-day event, July 28-30. We are also inviting our neighbors from CA-11 as well as from the C/297<sup>th</sup> (the SPEARR team) in San Mateo.

We ideally need 1 MD, 1 MD/PA/NP, 2 RNs, 2 EMT-Ps, and 2 EMTs per day. We'll take a few more.



### NDMS Status

Members regularly ask us "what's the current NDMS status, and are we moving?" Well, the latest news is still about the same – no decisions have been made.

There's a bill that proposes moving NDMS from DHS/FEMA back to DHHS. There's another bill that proposes moving FEMA out from under DHS and restoring it to a Cabinet-level agency.

I expect that we'll see more of this sort of thing over the coming months. My suggestion remains the same: let's focus on getting our jobs done and let the folks in Washington do their thing. No sense in spending all our time wondering if or when something will happen. Plenty of work to do in the here and now!



### **Uniform Conversion**

As detailed in the April newsletter, we've got a conversion process underway to convert all team- and member-owned uniforms to the new FEMA standard.

If you haven't turned in your personal uniforms for conversion, please bring them to any of the July events (including tomorrow's party!), along with a check for \$13 per blouse or jacket, check made out to DMAT CA-6. Contact Bill Bush at [logistics@dmatca6.org](mailto:logistics@dmatca6.org) if you'd like to arrange a separate uniform drop-off.

See the April newsletter for further details.

### **Respiratory Protection Program**

If you haven't yet submitted your respiratory survey, please go to the Respiratory Program link on our website's Reference page to fill out and submit the survey asap!



### **Operations Update**

*By Annie Bustin, Deputy Operations Section Chief*

Terry continues to care for and ride baby elephants in a far away land...

Yes! We have new OPS members! Some say that they were brutally forced into the group and some say they wished they could have stood up and gently sequestered new members as well...either way. Ops is a great group of hard-working people who are very dedicated to the team and its operational status. We ARE the (clinical) beating heart of DMAT CA6.

We are quickly moving forward to stay ahead of the hurricanes waiting to be born out there in the warm waters of Mother Ocean. A great turnout for the IM injections skills check-off station at the team meeting last month. Team members really got to "stick it to each other"! All did fabulous, of course!

The first proposals went for review for: guidelines for the annual PCP clearances: physical medical fitness forms, physical fitness standards for deployment, and medical screenings for deployments. Le Nai Dohr continues to do a great job on these things.

The Clinician's Group (QA Unit) continues working on the streamlining of deployment for each member. Every day we are one day further into hurricane season and one day closer to possibly deploying. Get Ready. Be Prepared. See the country like you've never seen it before. Join Ops!



### **The Logistics Scoop**

*By Bill Bush, Logistics Section Chief*

It was a dark and stormy night. Suddenly a shot rang out. The maid screamed. Meanwhile, while the king lived in luxury, the people lived in poverty.

We interrupt this bad bit of writing, to bring you the latest in DMAT CA-6 Logistical News.

Flash! (no, not literally, people...). Uniforms converted to the new Federal Standard have been spotted in various places in Menlo Park, CA. They seem to congregate at 1376 Willow Road. Rumor has it they wish to be reunited with their owners. Anyone with any information regarding this incident is to contact Randall Hunter (our

Acting Uniform Coordinator) at [uniforms@dmatca6.org](mailto:uniforms@dmatca6.org).

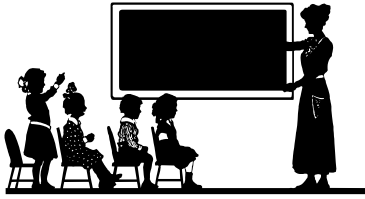
On call month is fast approaching. Get your gear packed and ready to go. We're having a Tiki Party at Darrell Lee's house, and you know what happened the LAST time we had a Tiki Party... We're also going to have some of the uniforms mentioned in our earlier story at the July 1<sup>st</sup> Tiki Party for collection by their rightful owners.

If you don't yet have your colorful, unofficially official team Hawaiian shirt, we're getting ready to place another order. They're been a big hit almost everywhere, and they're quite stylish, too. They'll be \$45.00 each, and we would prefer payment by check, made out to DMAT CA-6. They are sized for men, so the ladies need to plan accordingly. E-mail me at [logistics@dmatca6.org](mailto:logistics@dmatca6.org).

The Wildland FTX will be July 15-16. We're going to be bringing out most of our toys (generators, electrical system, water system, sinks, tents, etc.). We're going to have to load up these items on July 8<sup>th</sup> and unload on July 22<sup>nd</sup>. We can use your help in loading up so drop me a line at [logistics@dmatca6.org](mailto:logistics@dmatca6.org) and we'll get you on the list to get onto the NASA base. If you want to get to know these systems that support a Base of Operations on deployment, sign up for the exercise and come on out to play.

We now return you to the bad writing already in progress.

While the farm was sunny, the families said, "Bye bye, and buy Bonds."



## Training News

By David Lipin, Commander

### Wildland FTX '06

July 15-16 is our annual team field exercise. Sign-ups are on the website and will close at the end of June. All members are invited to attend. We'll also be joined by members of other California-based DMATs. Here are the details for this event:

- Report time: 0800 hrs 15 Jul
- Report location: Camp Parks, Dublin, CA.
- End time: 1700 hrs 16 Jul
- Directions: exit Hopyard Rd / Dougherty Rd from I-580 in Dublin. Take Dougherty Rd north to Dublin Blvd. Turn right on Dublin Blvd. Turn left into Parks RFTA. You'll need to show your driver's license to enter the base. From there, look for a DMAT person to guide you.
- Billeting: cots in tents
- Food: bring a sack lunch for Saturday, cash for cafeteria dinner on Sat and lunch on Sun (\$12-15 should cover both meals). We'll provide a no-cost "DMAT continental" breakfast on Sun. Bottled water provided.
- Wear: blue jeans, team t-shirt, boots, hat. Contact [uniforms@dmatca6.org](mailto:uniforms@dmatca6.org) if you need a team t-shirt.
- Bring: sleeping bag, sleeping pad, toiletries, medications, sunscreen, insect repellent, work gloves, hat, sunglasses, jacket (it's quite cool at night). Contact [gear@dmatca6.org](mailto:gear@dmatca6.org) if you need equipment.
- Pay: salary will be paid to CA-6 (federal) team members who

did not attend Rough & Ready, who signed up prior to May 30, and who do not work for another federal agency. All other team members will not be paid. (If you are a member of another DMAT, check with your command staff on your pay status for this event.)

- Expenses: no expense reimbursement is available, as we are within our 50-mile radius of home. (If you are a member of another DMAT, check with your command staff on your travel reimbursement status for this event.)

Come prepared to work hard, learn a lot, and have fun in the heat and sun!



## News from Afar

*From Patrick Chellew, currently working as a private paramedic on the job in Iraq*

I'm still located in En Al Faras (The eye of the Horse) out side of Tikrit. Activity has taken an exponential leap. We have this bifurcation on the road to camp known as "The Y". It's just a few kilometers away and just the other side of a very subtle rise in the terrain. When you leave the main highway to access the camp you must travel about 15 kilometers through desert and farm lands up to a junction that, if you turn left or to the southwest, it will take you to our front gate. Or for those who turn right and to the northwest and then follow the road as it skirts the northern perimeter of the camp, eventually you will arrive on the eastern shores of Lake Tharthar. The western shores of this lake

make up part of the eastern border of the notorious Al Anbar province.



Although the Y is a few kilometers away it is obscured by a slight ascent in the landscape. When you leave the camp and head for the Y vehicles will disappear behind the subtle rise in the terrain and too often, within seconds, a cloud of dust and smoke will grow above the horizon and the sharp report of a denotation will alert the camp of another hit at the Y. An arriving convoy is often announced by sounds of exploding munitions, the yell of "contact" on the radio and tap-tap-tap of distant small arms fire.



Ever since the Americans established this camp, the Y has been the spot for complex and IED attacks on convoys traveling to and from this location. The end of last year we saw a significant spike in actions, but then a sudden and extended drop off, until now.

But excluding the ambush on the worker's bus and the kidnapping and killing of individual workers traveling in private vehicles these previous actions were mostly ineffective against the convoys. But practice makes perfect and the convoys are prized targets.

So now in the last few weeks we seen a steady and lethal increase of attacks by the insurgents on the

convoys, 13 dead, 2 injured. Six of them, seven of us.



We are the closest secured area to the Y but we are also a “non-military” facility and as such can only take a defense posture. But it is our responsibility to respond with our QRF and the medic to secure the scene and tend to the wounded and the dead and wait for the army to back us up. So when a detonation occurs we break out the binoculars and wait for the radio report to confirm that indeed an enemy action has occurred and the convoy is now in need of assistance. But helplessly, as we maintain our defensive posture, now all too often as we look out over the horizon, we’ll see vehicles popping up on the two roads that lead westward from the Y – suspect vehicles fleeing the scene on the northwest route to the lake, and survivors racing down the southwest route leading to the camp.



### More News from Afar

*From Aileen Hayes, RN, while on the recent Haiti mission.*

It’s hard to believe our work is over. I had a wonderful chance to reflect Friday morning on all that had happened here in Haiti. Yet, for some reason, most of my thoughts seemed to center on the differences of attitudes towards life and death here in Haiti.

The diminutive 18 month old that our team saw would have been

intubated and air lifted to Children’s Hospital. The end-stage AIDs patient the team had the first week would have been hydrated, medicated and hospitalized. Neither patient would have progressed to the point where end of life discussions needed to occur. The young man went home to die and the young, feeble child having received IV fluids and medications was to be sent home after spending the night in Leon. None of us expected her to survive the night. It’s wonderful to be wrong once in a while.

On Thursday, the interpreter in triage apologized for not feeling too well. His brother had passed away that morning after coming home a couple of weeks ago from Port-au-Prince. When I expressed my apologies, he told me “Yes, but that is the way it is here.” There was sorrow, but there was also an acceptance that I found to be very disconcerting. And very, very wrong.

The source of my time to reflect was due to an hour “commute” to an outreach mission 5 of us and two interpreters had been assigned to. The steep rocky trail was commutable only by humans, or so I thought until the presence of manure told me otherwise. As we traversed the side of a mountain, we were entreated to astonishing views of the valley below us. The countryside that absorbs all our senses makes life so difficult for those that live here. The steep slopes are planted with corn, the rocky, narrow trails are the only means of getting goods to market, and the clear water below is the supply of any water-based needs for the entire valley. When I looked out on the valley below, my first impression is that of a paradise. What a charmed life I lead...

We arrived at our clinic site and found a large number of people waiting outside the building in which we were to work. Everyone else was crammed inside the “clinic” leaving us no room to set

up or provide medical care. We stepped outside and sat on an unfinished foundation a few feet away to gather our thoughts, have some fluids and figure out how best to kick everyone out so we can begin work. Tom, our lab technician (what a treat having a lab tech!) came back saying there was a tree on the other side of the clinic that “might” work. What he had found was a huge, beautiful, leaf filled tree that offered solid shade on flat ground. It was large enough that we were able to work the entire day under shade without moving.

Setting up, a huge uproar ensued in the clinic as people learned we were not treating inside but had moved outside. You would have thought a fox had been let loose in a chicken coop from all the yelling as our pharmacist, a Haitian, told people to go outside. Poor guy.

Lori, a social worker turned RN (but just here in Haiti), and I quickly got to work triaging and the doc and NP started seeing patients. By the end of the day, we had seen 127 patients in 6 hours. At 3 p.m., the doc and NP still had quite a line of people waiting to be seen and triage had people wanting to be seen. Our end was quickly resolved as we realized most just wanted blood pressure checks. Starting a BP check session, everyone’s BP was “tres bon” and they were happy with that information. I did catch one elevated BP and sent her into the line to be seen by a doc.

Once our job in triage was complete, John, the doctor, had me sit down with him and his interpreter so I could see patients as well. Since everyone’s complaints were similar (head, back, neck, leg, chest pain, and stomach acid) the prescriptions were usually identical. Not so in my case. Chronic otitis media, post-concussion syndrome, congenital knee deformities and new onset hypertension. Not one compliant of neck pain in the bunch. Needless to say, every patient needed a quick

consult with the doc. I probably wasn't as much help as he had hoped!

One local woman spent the day watching us and helping when she could. I eventually learned that her son was brought to the U.S by one of our teams 18 months ago. He had a growth in his mouth that was partially occluding his airway. After multiple consultations, the diagnosis was a tumor that needed life-long care after excision and so Bertrand was brought back to Haiti with the tumor intact. He died a few weeks after his return. His mother could not have been kinder or more gracious. A testimony of grace.

For the commute home, we opted for the river path. Porters, translators, pharmacist and us "blancs" packed up and made our way home. No fewer than 5 river crossings, the entire trip was on river rock-a challenge for our shoe covered feet.

So our week was complete. We saw over 1000 patients. Everyone went home with vitamins, worm medicine and Tylenol. Most went home with antacids; many received anti-infective medicines and rehydration salts. Others got inhalers and wound care. One young girl had fractured her forearm one morning and without the benefit of x-rays, the arm was reset and splinted. The sickest were sent on down the road to Jeremie to the hospital or a non-government organization for further care.

We were able to stop by the hospital on Saturday to check up on a couple of patients. A severely burned man seemed to have some kind of dressing on some of his escharic wounds; non-dressed areas were under the constant attention of flies. The little 18 month old was sleeping soundly. Her tongue was no longer swollen, respirations were no longer labored and with the exception of her size, appeared well. She was no longer receiving antibiotics, however. Not because

she didn't need them but because the hospital ran out of syringes and mom didn't have the money to go out and buy them. No syringes, no antibiotics. We made a stop at a pharmacy and brought mom the necessary supplies. We also gave her more money to assist during her stay.

The hospital system in Haiti is very simple. If you don't have the money, you don't get the service. Everything is paid for up front and if the hospital doesn't have it, the family is expected to go out and buy it. Families provide sheets for the beds and food for the patients. The patients we send on to the hospital go down with IOUs, payable by the priest here in Leon, who in turn is reimbursed by the parish in Maryland. Without this source of funding, medical care, such as it is, is far less accessible.

As it stands for the people of Leon, they have access to a doctor just 6 weeks out of every year. The Maryland sponsored teams have progressed from a one-two week mission, to 3, two-week missions throughout the year. The local health care worker does what she can but access continues to be grossly inadequate.

The work is hard, the living conditions "uncomfortable" – according to our American standards – as we were down to 1 shower and no flushing toilets for the 13 of us when we left. The team was a wonderful group of like-minded thinkers with strong personalities but no big egos. Everyone was there to work hard. Friendships were not a priority on arrival yet as the week bore on, our appreciation of one another took root.

Despite the difficulties, leaving is difficult and I am already planning for next year. Toilets or no toilets.



## Safety First

### Lifting and Backs

*By Walt Sanders, Safety Officer*

We do a lot of lifting. Necessary lifting. Redundant lifting. Light lifting. Heavy lifting. Too much lifting! We also do a lot of bending over. Picking up boxes. Picking up tents. Picking up our bags. Picking up patients. Moving boxes. Unpacking boxes. Packing boxes. Loading trucks. Unloading trucks. Too much bending over. Too much lifting.

What's the cost? Sore backs. Painful backs. Bad backs. If not just now, eventually.

So let's try to minimize the damage. We all know to do the obvious things: bend and lift with your back straight, use your legs, use both legs, lift carefully, don't lift jerkingly, lift smart.

Something I seldom see, however, is the use of lifting belts. We have them in our cache, but they are rarely used. You should have your own anyway. You should use it.

Now, there have been reports from OSHA and other agencies about lifting belts causing more back injuries. For that reason, whereas a few years back one saw many people on the job using belts, we seldom see their use today.

What those statistics fail to explain is the cause of injury. It is not the belt that causes the injuries. It is the lack of instruction in their use and the general lack of understanding of their proper use. Since that instruction and understanding is not likely to occur as it should, it is probably best that their recommended use was discontinued.

People were told that the belts would protect them from back injury. Wearing them also gives a feeling of security. This leads people to believe that they can lift more than they normally would. Well, the belts don't give you more strength! They simply engage the lower back in a way that promotes proper muscle tension and bone position so that bending and lifting is more likely to be done properly and, hence, injury free. And, the belt must be worn tight, tight enough to be mildly uncomfortable.

Without the belt, one is more likely to perform "lazy" lifting, not holding the back in a proper position and maintaining proper muscle tension, hence, the potential for injury. When used properly, with a little understanding of their intention, lifting belts can, indeed, result in far less injury, especially among infrequently engaged lifters. I strongly recommend their use during our team's Logs activities. Incidentally, speaking of backs, excess body weight is bad for

backs. (Yeah, like this is news.) Many of us weigh more as we age: Gaining 40 pounds since age 20 isn't uncommon. If you're a member of this club, next time you're at Costco or Sam's Club, pick up a full 5-gallon container and carry it around a while, if you can. Your back carries this much extra weight around all day. No wonder it hurts!

*Stay safe, Walt.*