

MITIGATION IN DISASTERS ROLE OF ROYAL NEPAL ARMY & SHREE BIRENDRA HOSPITAL

Col.Dr.K.N. Rayamajhi
MBBS, FRCS
Head of Surgical Division
Shree Birendra Hospital

The heart of Nepal is the beautiful and mighty Himalayas. When one gazes at its awesome majesty one thought never occurs in one's mind, i.e. that very natural forces that are responsible for creating the Himalayas are also at work at make is one of the most disaster prone areas of the World. What are the disasters that occur in our part of the World ? and what are the disasters in managing the disaster.

Earthquakes are very frequent and the last major one was in 1934. Major quakes with some loss of life & property have occurred with regular frequency. The talk of Nepal is of an imminent "Big Tremblor", similar to the one forecast made in California recently & how right they were.

Landslides and floods occur with clock work regularity during the monsoon period. The main cause which everybody knows, but cannot do any thing about is the rapid deforestation in the Himalayan regions. Deforestation is the "Ozone hole" of the Himalayas. Fires occur during the dry season that is April/May, and whole Villages are burnt to a cinder due to the dry heat and heavy winds.

Man made disasters are more lethal in the true sense. Buses carrying people end up down ravines and in the Himalayan rivers with almost 100% fatalities. Any survivor, if he is found, has to travel 3-4 hours by road to get into a medium or large sized hospital. Invariably those that can reach a hospital would have survived. Stampedes occur during religious festivals and recently a stadium stampede resulted in 76 dead.

GLOF(Glacier Lake Outburst Flood) has occurred in the past and one at the Rolpa is supposed to be imminent. Glacier lakes are supposed to be propped up by moraine dams naturally; and experts have pictured holes in them which is like a balloon resting against a pin.

That is the problem gentlemen and my paper is going to dwell on the role of the Royal Nepal Army and Birendra Hospital, in particular, in mitigating the disasters that occur in our country.

Disasters are managed basically at three levels. At the national level govt. and non govt. agencies are responsible. The difficulty is always in coordinating all of them. The army has always taken a lead role in organization and co-ordination.

The problems are like in any developing countries-one is funding, the govt. has to set aside enough money. The relief aid that usually pours in swamps our distribution outlets. Medicines for example come printed in all scripts and languages except English. Some drugs come the use of which no one knows. The good will that generates this aid creates problems at our end.

Some aid workers come on a picnic, ultimately they also have to be rescued.

Our emphasis is on treating the victims on site, triage etc. Then only transfer by helicopters to bigger hospitals.

Rehabilitation takes a long time and by then funds will have dried up, public and World interest also dies down.

The Birendra Hospital in peace time takes in civilian trauma patients and is prepared to deal

with mass casualties in the future. Our trauma receiving areas can hold upto 20 patients. The staff are trained to triage and treat Casualties.

We have set up Disaster team 'A' which consist of 30 hospital personnel. This team is ready to move out by road or air at a very short notice. They will go to the disaster site and triage at the site & prepare for transport back to the hospital of critically injured patients. By this team Disaster Team 'B' will have prepared the hospital to be able to receive the Casualties.

We have to train these paramedic personnel. Fowards this end expert from the US. Army conducted 2 B.T.L.S. Course at our hospital. The first was "Badge Nickel" & more recently "Exercise Balance Nail" by special forces operational detachment alpha consisting of 1st Sp. forces group air born + civil affairs support team. We propose to have many more such training exercises.

Royal Nepalese Army helicopters are manned by the best pilots in the world. One of them as you might be aware did a rescue at the world heighest record of 21,000 feet at Everest Camp I.

Even if one has the backup & logistics and funds, the difficulty in disasters management is the remoteness of the areas where they occur the delay in word coming out. Hence, we are planning to have "Safe Havens". These will be small stores with emergeny supplies, food, shelter material, radio sets etc. Invariably most hilly areas have an accessible flat ground where the local school is situated & children can play football. School house buildings can provide shelter and flat ground can be used for helicopter rescues. The local people can be in-structed to head towards the School house area where food and rescue materials are stored. Then our disaster team & rescue helicopters can mitigate the suffering.

Gentlemen, this last idea in my paper is mainly a plan on paper. I do hope that in the near future this plan can materialize and save a lot of lives. Is this not what we are all training for ?

Thanks.