



Mobile Health Services in Turkey During the Earthquakes in Van Türkiyedeki Van Depreminde Mobil Sağlık Hizmetleri

Recep Dursun¹, Sevdegül Karadaş², Hayriye Gönüllü², Şükran Sevimli³, Savaş Güner⁴, Orhan Çetinkaya⁵

¹Dicle University, Faculty of Medicine, Department of Emergency Medicine, Diyarbakır, Turkey

²Yüzüncü Yıl University, Faculty of Medicine, Department of Emergency Medicine, Van, Turkey

³Yüzüncü Yıl University, Faculty of Medicine, Department of History of Medicine and Ethics, Van, Turkey

⁴Yüzüncü Yıl University, Faculty of Medicine, Department of Orhtopedics and Traumatology, Van, Turkey

⁵Ministry of Health, Counsellor Adviser, Ankara, Turkey

Dear Editor,

An earthquake with a magnitude of 7,2 on Richter scale epicentered in Tabanlı village of Van province in Turkey followed by another earthquake epicentered in the town of Edremit in the same province measuring 5.6 on Richter scale took place on 23 October 2011 at 13:41 local time. The total number of the casualties was reported to be 644 and the injuries were about 6000. The number of the people rescued from the rubble was 252 (1).

The routine health services of public and private hospitals could not be properly given due to the fact that more than 90% of the buildings were damaged. Therefore, injured people rescued from the rubble after the earthquakes and other patients were transported to neighbouring cities with the aid of highway and airline ambulances. To carry out health services under post-quake conditions, 5 field hospitals and 1 operating theater were established. After transporting their families to secure places in the other regions in the aftermath of these events, doctors, nurses, and other health care professionals and paramedicals maintained their duties in a rotational way. During these times, mobile health services were carried out mostly by rescue teams like NMRT (National Medical Rescue Team) and health professionals appointed by these teams.

Within three months after the first earthquake, 212 ambulances had been sent to the region. A total of 264 ambulances, six of which were charged for emergency care, were mobilized for various health services. Furthermore, four electricity generators (30KWA), three mechanic ventilators, 70.6 tonnes of medical materials, devices, and medications were sent to the region. A total of 552 health care professionals and medical personnel including paramedical technicians of emergency medicine, laboratory technicians, X-Ray technicians, anesthesia technicians, health officers, nurses,

and midwives were sent to the region. In addition, a national medical rescue team was called for including 1252 members, 790 ambulance personnel, 551 doctors, and 25 psychologists. Two mobile pharmacies with 56 members of national medical rescue team were stationed in the region. Also, two academics and 22 professionals were appointed in charge of environmental health, water sanitation, and the prevention of epidemic diseases. Various kinds of treatment services like vaccination programmes and psychological support programmes were implemented in the region. In addition, three mobile dental clinics along with 14 mobile health service vehicles were stationed while several tent and container cities were also built. Health care services such as patient examinations, injections, blood transfusions, serum transfers in addition to related procedures like follow-ups bandaging, palliative procedures, treatment of injuries and scars, mouth and dental health, sonda applications, family planning applications, and psychological support programmes for the people affected by the earthquakes were carried out in the undamaged houses. In the post-earthquake analysis of the inventories of vaccination services, we determined that 552 doses of DaBT, IPA-Hib, 1270 doses of conjugated pneumococ vaccines, 236 doses of oral polio vaccines, 196 doses of MMR vaccines, and 298 doses of Hepatitis B vaccines had been applied. Moreover, flu vaccine was applied to 5773 people while and 251 people received polisaccharites pneumococcus vaccination (2).

After the earthquakes, the chronic dialysis patients in the region faced some treatment problems and difficulties. After the first earthquake, only one dialysis center was functional. However this center could not compensate for the intensity of patients. Anecdotal evidences and various of our experiences have shown that combining dialysis health care with other mobile health services will

enhance the means, modalities, and quality of the services of dialysis care after such natural disasters. In order to prevent any short commings in health care in such emergency situations, these precautions are important and imperative.

7th European Congress on Emergency Medicine, 8thEPAT National Emergency Medicine Congress (EuSEM 2012) Antalya, Turkey, 3-6 October 2012, sy:14, OP:F23:2.

REFERENCES

1. Dursun R, Cemile Ayşe Görmeli AC, Görmeli G. Evaluation of the patients in Van Training and Research Hospital following. Turkish Journal of Trauma & Emergency Surgery. 2012;18:260-4.
2. Türkay M. Report of Van Earthquake. The agenda of public health. 2012;2;118-22.

Received/Başvuru: 15.12.2014, Accepted/Kabul: 04.11.2014

Correspondence/İletişim

Recep DURSUN
Dicle Üniversitesi Tıp Fakültesi, Acil Tıp Anabilim Dalı,
DİYARBAKIR, TÜRKİYE
E-mail: drrecepdursun@hotmail.com



For citing/Atf için

Dursun R, Karadas S, Gonullu H, Sevimli S, Guner S, Cetinkaya O. Mobile health services in Turkey, Van earthquakes. J Turgut Ozal Med Cent 2015;22:217-8 DOI: 10.7247/jtomc.2014.2503