On the COVER

IRIDeS Fact Finding Mission to Nepal

Shinichi Egawa, MD, PhD, FACS



At 11:56 AM local time on April 25, 2015, a magnitude 7.9 earthquake hit Gorkha Province in Nepal, and its biggest aftershock, a magnitude 7.3, at 12:50 PM local time on May 12, resulting in more than 8700 deaths and 22,000 injuries. Even though the government and people of Nepal were acutely aware of the earthquake risk, the earthquake devastated the vulnerable portion of the country. The Himalayas themselves are a product of seismic action of the Indian Plate (5-6 cm/year), and the city of Kathmandu is built on the sediment of the lake. The people of Nepal live with wild and beautiful nature.

IRIDeS (the International Research Institute of Disaster Science) dispatched its first multi-disciplinary investigation team from July 26 to 30, 2015. We visited a drain water facility, the Embassy of Japan, the Ministry of Health and Population (MOHP), Tribhuvan University, the National Tuberculosis Center, the JICA (Japan International Cooperation Agency) Nepal Office, Patan Hospital, Annapurna Hospital, the UNDP (United Nations Development Programme) Nepal Office, the National Center for Infectious Disease, and the World Food Programme (WFP) Logistics Center to interview authorities about the response and future plans for building back better. We also visited the world heritage site of Kathmandu Durbar Square and Sankhu City, where most of the buildings are very old and were severely damaged.

The biggest cause of lost lives was the collapse of buildings. The building code had been revised in 1994 according to the expected risk of earthquakes, but most of the agencies pointed out problems in implementation or in the actual building process. Sankhu City (photos) has a long history as a crossroads of trading, but its history and financial situation prevented the buildings from being reinforced. Old buildings were even built using unbaked bricks.

Although international help is sorely required, the resilience and dignity of the people in Nepal is remarkable. “Do no harm” and “respect the culture of the affected people” are the fundamental requirements for humanitarian aid. The MOHP in Nepal handed out trauma guidelines to foreign medical teams (FMTs) and successfully suppressed the number of amputations to a minimum by supervising the FMTs with Nepalese doctors. It was impressive that the MOHP restricted the influx of FMTs. They coordinated the designations of FMTs according to FMT levels. In this chaotic situation, many unregistered FMTs came in who were not self-standing, requiring support from affected people and occasionally disappearing. The hospitals played many important roles in maintaining community health. They received uncooked materials and provided diets to the patients and their relatives to avoid food intoxication. Outbreaks of infectious disease were also suppressed to a minimal level by broadcasting information on the radio and educating the community.

The coverage of the drain water system is still at a minimum, but the facility itself continued to operate after the disaster. Logistics was the biggest obstacle for smooth operation and the WFP newly introduced porter and cargo animals as one of their strategies. A human-centered cluster approach was well coordinated by collaboration of the Nepalese government with the United Nations agencies. Although areas distant from Kathmandu still require a lot of help, that help should be provided through the Nepalese government, and I think they are worthy of providing it.

Division of International Cooperation for Disaster Medicine
International Research Institute of Disaster Science (IRIDeS), Tohoku University, Sendai, Japan

Copyright © 2015 Society for Disaster Medicine and Public Health, Inc. DOI: 10.1017/dmp.2015.110
https://doi.org/10.1017/dmp.2015.110 Published online by Cambridge University Press