

### The Remarkable Medical Supply of the 1998: Flood Fighting and Rescue Work in China

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In the summer of 1998, some provinces in China suffered from severe floods, and people ran out of treatment and medicine. The People's Liberation Army (PLA) did its best to supply the needed medicines for them, thus safeguarding their lives. We used the main-channel functions of the Army's medical supply capabilities to provide a sufficient and smooth supply of medicines. With epidemic prevention as the main goal, the funds of medical supplies also were increased. To avoid supplying drug, blindly, the distribution program for the medicine funds were inspected closely. Increasing the supply of medicine was accomplished through the use of multiple channels. In addition, the special preventive drugs and emergent medicines were provided for the flood-fighting troops. In addition, using the Wuhan Rear Base as a strategic rear supply base, supplemental medicines were provided for the flood-fighting troops of different districts.

**Keywords:** China; epidemic; flood; medicines; prevention; supplies

### The Role of the Teaching Hospitals in the Subacute Phase 921 Earthquake in Taiwan

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**Introduction:** At 01:47 h, 21 September 1999, a quake registering 7.3 on the Richter scale, centered near Nantou (central Taiwan), affected 2.5 million people living in this area and 10 other cities and towns in the Taiwan. It killed >2,400 people, and injured approximately 9,400 persons. Three days later, there were 320,000 people (12.8%) who were staying in shelters because their houses (81,000) were totally or partly damaged. The affected areas were divided into 26 medical supporting units by teaching hospitals on 26 September.

**Objective:** This study could explain that teaching hospitals played a role in the subacute phase of a major earthquake. We observed and identified emergency and disaster medical services issues at the affected areas and provided an overview of the morbidity and mortality of disaster patients.

**Methods:** We assessed these activities retrospectively by reviewing the official reports and the medical records. From observation and site visits, we collected the information in affected areas of central Taiwan one month after the quake. The data were analyzed from affected hospitals and local health center administrations involved emergency medical relief groups and the local governments.

**Results:** On 22 September, we sent more than 100 physicians and nurses to the evacuation centers to survey the medical requirements. The first peak in the number of patients requiring emergency care was 2–8 hours after the earthquake. The demands for the treatment of such disaster injuries as bone fractures, crush syndrome, and other injuries were great on Day 1. From 22 to 26 September, a total of 1,724 patients were examined, and 39 were in emergency condition. The diseases most commonly were upper airway infection, minor trauma, hypertension, dermatitis, and gastroenteritis. Since 27 September, continuous medical care was established in the affected areas. For about one month 250–300 patients were treated daily. Chronic and psychiatric illness were noted.

**Conclusion:** In the subacute phase of the 921 earthquake, the teaching hospitals can provide medical services and support local clinics by referring patients from on-site. The continuous medical care can reduce the possibility for outbreaks of infectious diseases in affected areas.

**Keywords:** characteristics; disaster; earthquake; hospitals, teaching; intubation; patients; subacute; Taiwan