

humanitarian practice and media reporting. This is evidenced by a study conducted by Smith et al. in 2009, who identified nearly 2,000 peer reviewed, event specific publications that have been published in 789 journals. A variety of new and evolving threats to health described as disasters were identified, that are not captured in established disaster glossaries, along with new descriptors that attempt to classify them.

Conclusion: There is a lack of consistency in terminology when defining disasters across disciplines and communication exchanges. While disaster research guidelines and terminology standards have been produced, definitions are still applied inconsistently across disaster practice. The capacity to scan the horizon to identify non-traditional and emerging threats requires scope to redefine how disasters are interpreted, classified and measured. Interdisciplinary effort is required to inform and guide risk assessment and terminology definitions in a changing environment.

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Lessons Learned from Trauma Injury Patients by Medical Support in the Aftermath of Typhoon Yolanda in the Philippines

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Study/Objective: Course of treatment for trauma patients by JDR (Japan Disaster Relief team) support after typhoon Yolanda in the Philippines.

Background: Typhoon Yolanda hit Leyte directly in November, 2013. A large number of casualties occurred. Japan sent three teams of JDR, and built an air tent in Lethal Park, and they treated patients from 9:00 am - 1:00 pm. We report the course of the patients who underwent trauma.

Methods: There was a total of 187 patients who were treated from November 15 - December 07, 2013. Of those, 132 were men and 55 were women. The ages were 3 - 77 years. We found the tendency about patients who were treated in our tent.

Results: Ninety-four patients needed follow-up, and 78 of them had follow-up treatment more than twice, and 17 had treatment until the wound totally healed. After suture treatment, 4 patients became worse. Almost all patients stayed in the shelter near our tent. We introduced 12 patients to other hospitals when we closed our tent. There is the tendency that men continue to be treated more than women, when they didn't feel pain, they didn't come to our tent, sutured wounds were becoming worse.

Conclusion: Many patients had repeated medical examinations, but only a few consistently followed up treatment until their injuries completely healed. If we treated their injury, we educated them about the continuation of treatment, and what they have to do. We have to know the life and thought.

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Report of Hospital Evacuations in the 2016 Kumamoto Earthquake

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Study/Objective: In the 2016 Kumamoto Earthquake, over 2,000 Disaster Medical Assistance Team (DMAT) members responded. One of the main activities was the inpatient-evacuation from ten damaged hospitals to other hospitals. Some operation problems were found, and those require investigation for future reference.

Background: The 2016 Kumamoto Earthquake consisted of two giant quakes (magnitude 6.2 and 7.3) in the same area within a 2 day duration, and 774 aftershocks occurred within a week. Fifty people died, and 2,300 people were treated, and approximately 180,000 people had spent time in shelters. Inpatients-evacuation at the early phase of earthquake is at high risk of danger due to building damage. DMAT must avoid all risk factors before their operation. Since we had a hospital evacuation in the early phase of the earthquake, it is time to evaluate problems from hospital evacuation.

Methods: Survey questions and a hearing investigation for all evacuated hospitals were conducted.

Results: A total of 1,377 inpatient-evacuations from 10 hospitals was performed, 5 general hospitals, 4 psychiatric hospitals and 1 recuperation hospital. There was no deterioration in patients while being transfer. The reasons for evacuation were: partial building collapse, uneasiness of the mental disease patients and anxiety from building damage with aftershocks. As a result, there were no hospitals that were fully damaged or completely collapsed, however, DMAT entered damaged hospitals without safety confirmation, and transferred in-hospital patients who must stay in complete rest. Another problem for the hospital was financial damage. Since patients were evacuated, hospitals encountered decreased income or defrayment for returning patients.

Conclusion: Inpatient-evacuation needs to be avoided as much as possible for the safety of patients and DMAT members. Also, it affects hospital finances. In order to judge the needs of hospital evacuations, this requires expert opinion of building safety at the early phase of earthquake.

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The Concept of "Aesthetic of Disaster" and its Usefulness for Disaster Preparedness Plans

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Study/Objective: To provide relevant insights for a broader understanding of disaster medicine key concepts.

Background: On September 29–30, 2016, the Institute for Communication Sciences (ISCC), a Joint Service Unit with the Paris Sorbonne and Pierre & Marie Curie Universities ran a European Seminar during which, the question of the aesthetic of disasters (either natural, industrial or intentional) rose.