Dialysis and Transplantation News

Intervention of the renal disaster relief task force (RDRTF) in the Kashmir earthquake

Raymond Vanholder
Chairman RDRTF

The European Branch of the Renal Disaster Relief Task Force (RDRTF), a relief group founded by the International Society of Nephrology (ISN), intervened in the aftermath of the earthquake of 8 October 2005 in Kashmir, Pakistan. This intervention was ended on 1 November 2005.

The RDRTF was created in the early 1990s by ISN to offer support in case of mass disasters inducing a substantial amount of Acute Renal Failure (ARF). The concept was developed subsequent to the Armenian earthquake in 1989, when ample support was offered, however late and in a disorganized way. The European branch was chaired for the first 10 years by N Lameire (Ghent, Belgium), and covers whole Europe, the Mediterranean area, Asia Minor, India and Pakistan. During previous years, the RDRTF offered support at several occasions, with as most extensive interventions the ones related to the Marmara earthquake in Turkey in 1999 and the Bam earthquake in Iran in 2003.

In conjunction with Médecins sans Frontières (MsF), the Kashmir RDRTF operation was centralized at the Pakistan Institute of Medical Science (PIMS) Hospital in Islamabad (chief of the Nephrology Department: Prof Sameeh Khan). In total, 77 victims with Acute Renal Failure (ARF), of whom 66 survived, were treated by dialysis in the broad Islamabad area. In addition, support and therapeutic advice were offered to at least 80 other crush victims without dialysis needs.

The first scouting group of MsF containing two members of the RDRTF arrived on 10 October 2005. The entire intervention lasted for 23 days. In total, one scouting team and two full rescue teams were dispatched, and 15 RDRTF volunteers (eight nurses, five doctors, two dialysis technicians) from four countries (France, Turkey, United Kingdom and Belgium) were active on the spot. At the home front, logistic and secretarial assistance were offered by one French (AM Cadart) and one Belgian coordinator (JY De Vos) for the nursing teams, as well as one contact person at MsF Belgium (MC Férier) and one secretary at the Ghent base (C Bergen) for dispatching volunteers and goods.

In addition, extensive material support was offered, consisting of eight dialysis machines, 335 dialyzers, 9 kg Kayexalate, 85 blood line sets, 30 central vein catheters, and six pediatric peritoneal dialysis catheters. Several local dialysis machines which had broken down were repaired, thanks to the contribution of the involved technicians.

Subsequent to the mission of the two scouts (intensivist/nephrologist E. Hoste and renal nurse S. Claus), the first full team was coordinated by D. Erbilgin (Arles, France), and the second one by M.S. Sever (Istanbul, Turkey). The team was further supported by T. Imam (Kayser Permanente, California, USA), a nephrologist originating from Islamabad.

M.S. Sever distributed questionnaires allowing a more exact epidemiological analysis on occurrence and outcome of crush-related ARF in the specific conditions of the Kashmir disaster.

At the end of the mission, in Islamabad there were still five victims left who needed dialysis treatment. Their therapies have now been taken care of by our Pakistani colleagues.

Doctors, nurses or dialysis technicians who would be willing to join the RDRTF as a volunteer can contact us at the following e-mail address: (raymond.vanholder@ugent.be).

Next to the volunteers mentioned in the text, also the following nurses, doctors and technicians participated in the mission: D. Borniche (France, RN); H. Dunlop (UK, RN); G. Leroux (France, Technician); M. Koc (Turkey, MD); K. Roels (Belgium, RN); A. Scheir (Belgium, RN); A. Schott (France, RN); P. Stockman (Belgium, technician); E. Unal (Turkey, RN); R. Vandam (Belgium, RN); and A. van der Tol (Belgium, MD).