



World Health Day 1991: Should Disaster Strike— Be Prepared!

This year's observance of World Health Day (celebrated each year to commemorate the date 7 April 1948, when the Constitution of the World Health Organization was adopted) focused on the need for disaster preparedness—a need dramatically illustrated by the events of recent months. The devastating cyclone in Bangladesh, earthquakes in Costa Rica, Panama, and Japan, and the massive volcanic eruption in the Philippines testify to the awesome destructive force of nature, which often makes itself felt with little or no warning. More gradual, but no less deadly, are disasters such as the famine stemming from prolonged drought that continues to afflict many African countries. And, adding to the toll caused by natural disasters, wars and political unrest create massive numbers of refugees, and industrial accidents can occur on a scale that rivals nature at its most violent. While the latter types of disasters may be preventable, others clearly are not. Thus, planning how to lessen the impact of disasters and cope more effectively in their aftermath is essential to the mitigation of human suffering.

In 1987 the United Nations General Assembly adopted a resolution designating the 1990s as a period in which the international community would give special attention to cooperation aimed at lessening the impact of natural disasters. The International Decade for Natural Disaster

Reduction was formally launched on 22 December 1989. Near the start of this Decade, it is appropriate that World Health Day should draw attention to the theme of disaster preparedness, mitigation, and relief. WHO's intent was to spotlight the measures that individuals, communities, and nations can take to prevent disaster-inflicted injuries and deaths. As in so many other public health efforts, education is key to successful change.

CEREMONY AT PAHO

Presiding over the annual ceremony at PAHO Headquarters in Washington, D.C., was Philippe Boule, Director of the New York Liaison Office, Office of the United Nations Disaster Relief Coordinator (UNDRO). The morning's program featured remarks by PAHO's Director, Dr. Carlyle Guerra de Macedo; Dr. Georges C. Benjamin, Commissioner of Public Health for the District of Columbia; and the Honorable Tony Hill (Democrat, Ohio) of the U.S. House of Representatives.

Dr. Macedo stressed that disasters can augment poverty and disequities. They not only leave behind the pain of personal loss, but also seriously affect the development efforts of countries already burdened by acute socioeconomic problems. Unfortunately, the poorest countries are often the ones hardest and most

repeatedly hit by natural disasters. The countries of the Americas are vulnerable to a variety of disasters: Earthquakes, hurricanes, mudslides, and drought have wreaked havoc in recent years in this hemisphere. In addition, some countries have experienced technological disasters linked to inadequate industrial safety measures. Dr. Macedo pointed out that the health impacts of disasters are not limited to injuries and deaths; they also include damage to infrastructure that can disrupt provision of health services, as well as water supply and sanitation problems that can generate increased disease risks. In addition, long-term effects such as malnutrition and mental disorders must be taken into account.

PAHO and WHO face the challenges of helping the Member Countries to incorporate health aspects of disaster preparedness into the planning of health programs at the national level, of enlisting public support, and of maintaining an institutional commitment so that preventive measures in health establishments will be strengthened. A cornerstone of these efforts will be public information programs and undergraduate and graduate-level training. Actions for disaster prevention and preparedness depend on solid intersectoral and inter-institutional articulation. The health sector must invite the participation of other groups, including civil defense, the ministries of foreign affairs, the Red Cross, community and women's associations, and the private sector, in pursuit of the common goal of emergency preparedness.

In the presentation that followed, Dr. Benjamin emphasized the need for readiness, rapid assessment, and innovative response when disaster strikes. Readiness is the key to the effectiveness of response. However, readiness can be expensive, and decisions must be made on how to use available funds, based on the

probability of occurrence of particular types of disasters and the cost of preparing for them. Rapid assessment of a disaster situation is essential. Dr. Benjamin indicated that in the United States this area is comparatively weak, since investment tends to be higher in planning than in logistics. Innovation will be required of the health sector in times of disaster. Health care facilities and providers are as severely affected by a disaster as any other sector, and physicians and other health personnel are called upon to work under suboptimal conditions.

The keynote address was delivered by Rep. Hall, who serves as Chairman of the House Select Committee on Hunger. He said he would soon be proposing to the House of Representatives an omnibus "freedom from hunger" bill. Although it focuses on nutrition, it could also be considered a disaster preparedness bill. One of its provisions calls for the creation of a permanent United Nations Undersecretary for Humanitarian Affairs. Rep. Hall pointed out that quiet, ongoing disasters like hunger do not get the attention they deserve. In preparation for the international conference on nutrition to be held in Rome in 1992, he was asking CARE to create a council of nongovernmental organizations (NGOs), which would include PAHO, to draft a plan to take to the conference. He emphasized the importance of coordinated efforts among international agencies and NGOs.

Rep. Hall also presented the Macedo Award, which was established last year by the American Association for World Health (AAWH) to recognize leadership in public health. This year's award acknowledged the outstanding work of the Disaster Preparedness Program of the Ministry of Health of Colombia. Upon accepting the award on behalf of the program, Amb. Jaime García Parra, Colombia's ambassador to the United States of America, attributed its success to the

impetus received from the 1982 tragedy in the town of Armero, where over 21,000 people died in a mudslide precipitated by a volcanic eruption. (A video about this event, produced by PAHO's Emergency Preparedness and Disaster Relief Program with the assistance of the Information and Public Affairs Office, had been shown earlier in the morning's program.) Rep. Hall recognized the AAWH for its support of PAHO and WHO, including coordination of World Health Day activities in the United States.

Three 1991 World Health Day Awards were also presented: to the State of Tennessee's Emergency Management Agency; to Partners of the Americas for their disaster preparedness work emphasizing local voluntary action; and to Ashland Oil, Inc., for their strong employee education program in this area.

PANEL DISCUSSION

Improving external assistance to disaster-stricken countries was the topic of a panel discussion held on World Health Day at PAHO Headquarters.¹ The moderator for the discussion was Dr. Claude de Ville de Goyet, Chief of PAHO's Emergency Preparedness and Disaster Relief Program. The panelists were Philippe Bouille, Director of the New York Liaison Office of UNDRO; Oliver Davidson, Executive Director, International Disaster Advisory Committee (USAID/Office of Foreign Disaster Assistance); Judy Lee, Disaster Services Specialist, American Red Cross; Harvey Ryland, Executive

Director, Central U.S. Earthquake Consortium; and Richard Walden, President, Operation USA (a California-based relief agency).

The following are some of the points raised by the panelists and audience members:

- International agencies must consult with national authorities—even if it means delaying aid—to ensure that the types of aid offered complement national resources and are appropriate to needs.
- Similarly, NGOs must maintain a constant sharing of information on the kinds of aid they are supplying to avoid duplication of efforts.
- One of the biggest problems faced by relief agencies is unsolicited and inappropriate donations of goods. Clothing and foodstuffs clog logistics channels and occupy an enormous amount of relief workers' time. Often, distribution networks do not exist for these donated goods. The most useful way the public can respond to a disaster is with monetary donations channeled through NGOs.
- The inappropriate donation problem is compounded by officials in disaster areas who make nonspecific appeals via the mass media, motivated by lack of understanding of real needs as well as by the "political imperative" to take action of some kind. Elected officials must be trained about the most appropriate messages to send.
- The mass media present emotionally charged images of disaster that encourage altruism but do nothing to channel it. More effective work needs to be done with the media to make them part of the relief team.
- Current gaps in disaster prepared-

¹PAHO's Emergency Preparedness Program has prepared a pamphlet of "do's and don't's" regarding international assistance, "International Health Relief Assistance: A Guide for Effective Aid." For a copy write to: Pan American Health Organization, Emergency Preparedness and Disaster Relief (PED), 525 23rd Street, N.W., Washington, D.C. 20037.

ness include failure to recognize the resources that exist in community clinics and walk-in clinics, which are the first places many people will seek aid in time of emergency, and failure to effectively involve the private sector in advance of a disaster.

- The question of how to motivate the public to contribute money in anticipation of disasters, rather than afterward, was raised. Inability to obtain "up-front" money was cited as an important problem.
- Corporations should be asked in advance of disasters for contributions, including useful products that could be stockpiled.
- The services of volunteers are important. People need to be enlisted prior to the time of a disaster so that their qualifications can be determined and their experience put to best use. At least one U.S. corporation now releases previously identified volunteers to work temporarily for the American Red Cross in disaster relief while the company continues to pay their salary.
- The question was raised as to whether disaster relief might be transformed from a charitable activity into a social responsibility that is programmed into government planning. The response was that this suggestion is being explored.

Earthquake Prediction

The panel discussion closed with a presentation by Mr. Ryland on the effects of earthquake predictions on disaster preparedness. The case discussed in depth was the prediction made in December 1989 by Dr. Iben Browning, a microbiologist and climatologist, of the "high prob-

ability" that a major earthquake would hit the New Madrid fault area in the central United States between 2 and 4 December 1990. Although most geologists strongly disagreed with his theories, many members of the general public considered Dr. Browning a credible expert because he possessed scientific credentials.

The predicted earthquake did not take place, but on the whole the prediction was viewed as having had positive effects owing to its contribution to public education. People became aware that a large earthquake could happen at any time in that area, and many took disaster preparedness actions such as putting together emergency survival kits and securing bookcases and pictures to walls to lessen injury potential. Two states in the affected region (Missouri and Arkansas) now have seismic building codes, and many states improved their disaster response plans. On the negative side, the prediction caused anxiety and even severe psychological distress for some.

The prediction of an earthquake in Peru in 1981 did not have similar positive effects because the structure needed to educate the public on disaster mitigation and survival techniques did not exist. In addition, the country's already dire economic situation was made worse by a loss of tourism and the flight from the country of those who were financially able to leave around the time the earthquake was predicted.

Mr. Ryland emphasized the distinction between earthquake forecasting, which estimates the probability of an earthquake within a given time frame (for example, 50 years) based on geologic evidence, and prediction, which names the date, location, and magnitude of an earthquake and is not considered scientifically sound.