

Abstracts and Reports ---

SEMINAR ON ADMINISTRATIVE PUBLIC HEALTH ASPECTS OF DISASTER SITUATIONS

Report of a Meeting held at Panajachel, Atitlán,
Guatemala on 15-20 November 1976¹

Despite marked progress in recent years, more work is needed to plan responses to national emergencies and to determine what actions are truly needed when disaster strikes. This report summarizes the findings of a public health seminar held to discuss these and related matters.

A Seminar on Administrative Public Health Aspects of Disaster Situations, with special emphasis on emergency preparedness, was held at Panajachel, Atitlán, Guatemala, on 15 through 20 November 1976. The seminar was organized by the Pan American Health Organization, Regional Office for the Americas of the World Health Organization.

High officials of various national agencies in Central America, Mexico, and Panama involved with disaster planning and relief coordination met for a week with

experts and representatives of major international agencies—including PAHO, the United Nations Disaster Relief Organization (UNDRO), UNDP, The Red Cross, and the Catholic Relief Services. The national agencies involved included ministries of public health, national emergency committees, ministries of defense, and departments of environmental sanitation.

The objectives of the seminar were as follows:

- to identify specific public health problems and outline possible solutions, based on experience with previous disasters in Central America and Mexico;
- to contribute toward a multidisciplinary approach in disaster management and to promote closer coordination between ministries of health, national emergency

¹The final report of this seminar is available in Spanish from the Emergency Preparedness and Disaster Relief Coordination Unit of the Pan American Health Organization, 525 Twenty-third Street, N.W., Washington, D.C., 20037, U.S.A.

committees, and other agencies involved in pre-disaster planning and disaster relief;

- to promote emergency preparedness and pre-disaster planning in the participating countries.

The seminar's inaugural session was opened by Dr. Julio Benjamín Sultán Berkowitz, Minister of Public Health and Social Welfare of Guatemala, in his capacity as representative of the President of Guatemala. During the discussions that followed, attention was focused on various major topics. The remainder of this report summarizes the outcome of those discussions.

Post-Disaster Public Health Situations

Post-disaster health situations in the participating countries and elsewhere in the world were reviewed from an epidemiologic standpoint. Speakers emphasized that accurate and reliable data on the actual health impact of disasters is lacking, in sharp contrast to the plentiful supply of hearsay information widely accepted by the public and uninformed professionals alike. At present there is a scarcity of scientific knowledge about the types of injuries



The powerful Guatemala earthquake of February 1976 reemphasized the importance of laying the groundwork for emergency activities and of planning disaster relief measures. (Photo: J. Metelsky, AID, USA).

occurring after different kinds of disasters, the age distributions involved, and the influence of the passage of time. This scarcity of knowledge carries with it a potential for marked repercussions on both emergency preparedness and the disaster relief provided in emergency situations. Among the many other points made during this initial discussion, attention was drawn to the absence of significant epidemic outbreaks in the wake of disasters, and to the convergence of unsolicited supplies and unprepared individual volunteers on disaster areas.

Emergency Preparedness and Pre-Disaster Planning

The seminar participants gave detailed attention to the various aspects of health sector emergency preparedness and its relationship to the overall national preparedness effort. The importance, as well as the potential long-term benefits, of preventing or mitigating natural disasters was stressed. Several conclusions and recommendations emphasized the need to integrate the health sector's functions into a national emergency plan, and also to update and develop practical and realistic plans based on analysis of the availability and vulnerability of major national resources.

Information Gathering, Epidemiologic Surveillance and Evaluation

The participants universally acknowledged the vital roles of information gathering and prompt national evaluation in emergency situations. Within the health field, they considered epidemiologic techniques and methods for surveillance and evaluation to be of fundamental importance

in planning for disasters and in making optimal use of scarce human and material resources during emergency situations.

The epidemiologic surveillance system developed after the Guatemala earthquake of 4 February 1976 was studied as an example of a successful contribution by epidemiologists to disaster relief assessment and evaluation. The system was developed by Guatemala's Ministry of Public Health and Social Welfare, with the assistance of PAHO and the United States Center for Disease Control.

Emergency Medical Care and Field Hospitals

The seminar participants agreed that following an acute disaster, top priority should go to providing medical care for the victims. They also noted that during the first 12 hours, the most critical period, the crisis should be handled by national health authorities because of the anticipated delays involved in obtaining an international response. In this regard, they considered better emergency preparedness to be essential. This latter point was reflected in various conclusions and resolutions emphasizing the following basic requirements for field hospitals:

- technical, logistical, and administrative self-sufficiency;
- use of multidisciplinary teams;
- sufficient capacity to project hospital activities into the whole community;
- sufficient ability to communicate with the population.

In addition, the participants recommended further development of permanent health services in order to fill the gap often observed after massive medical assistance to the affected area or country is withdrawn.

Environmental Health and Disease Control

It was agreed that disease prevention following disasters should rely on priority sanitation measures—adequate water supply and excreta disposal—as well as on epidemiologic surveillance of selected locally important diseases. On the other hand, interruption of important disease control programs and diversion of these programs' resources to non-vital relief and rehabilitation activities was considered a potential factor in disease outbreaks. Seminar working sessions also noted a lack of scientific evidence to support the common belief that human or animal cadavers are a significant cause of epidemics.

Fifteen resolutions emphasized the urgent need for planning, training, and evaluation in the field of emergency environmental health. But organization of mass immunization campaigns immediately after disasters was discouraged, this being considered a counterproductive measure diverting human and other national resources.

Mental Health and Behavior

The potential contribution of psychiatrists, psychologists, and social workers participating in planning, relief, and rehabilitation was emphasized. However, generalized use of tranquilizers and psychoactive drugs by non-specialized personnel was considered inadvisable.

Food Distribution

The participants recommended that a single person within the national emergency committee be made responsible for handling the food problem. They also recommended that internationally donated

food items be distributed through the agencies implementing routine feeding programs.

Emergency Medical Supplies

Major problems caused by unsolicited medical supplies were scrutinized closely. Overall, it was felt that the cost in time, personnel, and money for transporting, sorting, inventorying, and distributing supplies received from individuals and some unofficial sources exceeded the eventual benefit to the population.

It was recommended that PAHO prepare a preliminary list of basic drugs to be used in various types of disasters, and that this be submitted to the consideration of the participating countries for adaptation to the national pharmacopoeia. In addition, it was felt that one single agency should be responsible for issuing a request for medical items, and that this request should be submitted via the affected country's national emergency committee. Donor agencies and countries should refrain from sending medical samples and should give priority to providing large amounts of sorted and properly labelled supplies in accord with the official request of the affected country.

Coordination of National and International Volunteers

The participants concluded that volunteers can make a valuable contribution if they participate in self-sufficient and well-organized groups. In contrast, they felt the presence of isolated individual volunteers to be counterproductive and to interfere at times with relief operations. In this vein, they noted that coordination of isolated volunteers, especially when they do not speak the affected country's language, is extremely difficult.

It was recommended that the international agencies involved in disaster relief prepare and update an official list of relief groups describing each group's field of activity. It was also felt that norms should be established at the national level in order to permit national and international groups to act together in emergency situations.

With regard to the general effectiveness of volunteer groups, the following items were considered especially important:

- structure and organization of the group;
- official registration of the group in the affected country;
- self-sufficiency;
- acceptance of the authority of the national emergency committee;
- speed of intervention (teams should be operational as soon as they are required).

The Roles of International Agencies

Finally, the roles of international agencies were described and discussed. These

included participation of bilateral and international organizations in the initial assessment of a disaster, the role of UNDRRO as a focal point, the capabilities of the Red Cross and other voluntary agencies, and the role of WHO and PAHO in providing medical expertise within the health sector.

All the participants felt that greater coordination was needed among government-related international agencies as well as among the innumerable voluntary agencies. Among the services that these organizations were expected to provide, the following were singled out:

- personnel training and distribution of technical and scientific material to assist countries in pre-disaster planning;
- provision of expertise and supplies during the various phases of the disaster;
- development of epidemiologic and operational research data on disasters in order to provide the accurate and current information needed to update and adapt the participating countries' emergency plans.

REPORT OF BORDER CONFERENCE ON MODERN MEDICINE AND MEDICAL ANTHROPOLOGY ²

A group of distinguished medical anthropologists met at El Paso, Texas, on 20-21 January 1977² to consider ways their specialty could contribute to the health of people in the region of the United States-Mexico Border. Their official comments and recommendations to PAHO are presented below.

"We wish to commend the Pan American Health Organization for taking the important step of bringing together anthropolo-

gists and physicians with common interests by supporting the Conference on Modern Medicine and Medical Anthropology in the Border Population. The participants feel that our meeting was most productive and has raised issues related to the incorporation of traditional healers in official health

²A meeting organized jointly by PAHO's United States-Mexico Border Field Office/USMB-PAHO, and the Center for Inter-American Studies of the University of Texas at El Paso.