

# STOP!!!!

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*Something between a hindrance and a help.*

Wordsworth  
Michael  
I, 189

Well it happened again—this time in Haiti! It seems that we are doomed to repeat our mistakes. Will we never learn from what we have learned? Or do many caring health professionals neither know or understand what we have learned regarding disaster responses? In response to naïve and inappropriate media requests, many of our colleagues dropped what they were doing and rushed to help. The outpouring of responders was a marvel to behold. Many travelled solo or with small groups of their colleagues. Often, they were not aware of the real needs, and too often, arrived without appropriate supplies and equipment to meet the real needs of those affected. On arrival, many did not know where their services could be of maximum benefit, and in some instances, they may have displaced other essential personnel.

Following the 2004 earthquake and tsunami that devastated parts of Southeast Asia, it became apparent that the uncoordinated invasion of “helpers”, including many health-related, non-governmental organizations (NGOs), resulted in unnecessary duplication, competition, and failure to assist many of the victims in need. This waste of precious resources belies best practices.

The need for the enhanced coordination of ALL responses (relief and recovery) was recognized in the Hyogo Framework of 2005,<sup>1</sup> the Phuket papers,<sup>2</sup> and by the UN-Office for the Coordination of Humanitarian Affairs (UN-OCHA). Subsequently, the Interagency Standing Committee (IASC) of the UN-OCHA initiated changes called the “humanitarian reform”.<sup>3</sup> A major initiative of the Humanitarian Reform movement was the formation of clusters whose principal mission was to assist the impacted government with coordination of ALL responses and with evaluations of the impact of interventions directed at relief and/or recovery. The current UN clusters are listed in Table 1, in which they are compared with the Basic Societal Functions proposed in the WADEM Guidelines for Evaluation and Research.<sup>4</sup> The clusters endeavor to bring to the table all of the stakeholders and respondents, including responding organizations, potential beneficiaries, donors, and representatives of the intergovernmental and governmental agencies. The World Health Organization was appointed as the lead agency for health (medical care and public health).

Promptly following the earthquake in Haiti, the WHO Regional Office for the Americas, the Pan-American

Health Organization (WHO-PAHO), quickly helped the Haitian government establish a national health cluster that was charged with assisting the Haitian government with the coordination of the health responses following the earthquake. Yet, many responders appeared in Haiti without contacting or informing the Haiti Health Cluster of their arrival or their mission. They just came; and the same problems that have been demonstrated over and over again appeared—with the same results.

This discussion is not to question the motivation of those who responded—indeed, they wanted (perhaps, in some cases, needed) to assist with saving lives and minimizing the pain and suffering of the victims. And many did just that. But, once again, health support became fragmented. Furthermore, the media continued to scream that more doctors and nurses were needed, and thus, they came. This is not to say that they were not needed, but where were they most needed, and needed to do what?

It seems curious that the media had rapid access to Haiti and that non-US teams reached Haiti before the much needed US Search and Rescue teams arrived at the site of the disaster—even though the US mainland is only one hour from Haiti by air! For the most part, the search and rescue activities were too few and arrived in Haiti too late to be of optimal value. Many deaths possibly could have been avoided if the organized search and rescue responses had been more rapid. Incoming aircraft bearing essential personnel and supplies piled up in the air and in airports outside of Haiti because they could not gain access to the lone Haitian airport. Selection of priorities by the clusters was difficult.

So, what about those of you who responded or wanted to respond—what should you do the next time a disaster of such a scope occurs? To be of optimal value, please do not respond by yourself or even in small groups. Such small offerings are nearly impossible to coordinate and integrate into the overall responses—there just are too many. Disaster health is a science and demands understanding of many principles before practicing these skills. Having credentials in another discipline, such as emergency medicine or nursing or trauma surgery, does not prepare you for international disaster responses. Not only must your usual practices be modified to fit the setting, but you must have an appreciation of the dangers, the languages, other responses already underway, and the culture into which you thrust yourself. Disaster health is special, and it is learned best in association with an experienced organization. Such organizations abound and will help you apply your knowledge and skills.—and they need your help. They will prepare you to optimize your impact in the disaster

Basic Societal Functional Systems	IASC Clusters
	Agriculture
Coordination and Control	Camp Coordination and Management
	Early Recovery
Education	Education
Shelter and Clothing	Emergency Shelter
Communications	Emergency Telecommunications
Public Health	
Medical Care	Health
Logistics and Transport	Logistics
Food and Nutrition	Nutrition
Security	Protection
Water and Sanitation	Water, Sanitation, Hygiene
Social Structures	
Economics	
Public Works and Engineering	
Energy	

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Table 1—Inter-Agency Health Clusters compared with the Basic Societal Functional Systems

zone and get you to areas within the disaster zone where you can provide the greatest impact. They will coordinate your activities with those of the other stakeholders who are participating in the national health cluster.

It is in this way that you can make a real difference to those who need your help. Please stop rushing in; please look before you leap. We need you in disaster health, but be

part of a team that can provide you with what you need to meet the defined needs and get you to where your abilities really are needed. Responses must be coordinated through the national health cluster. I applaud your desire to help those in need. It is what we do, but we must do it together.

*...I have seen that in any great undertaking, it is not enough for a man to depend simply on himself.*

Lone Man (Teton Sioux), late 19th Century

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