

Course Transcript for Day 1, September 6, 2012

Health and Disasters: Understanding the International Context
Instructors: John Scott, MS and Patricia Bittner, MS

[Slide 1]

Presenter: John Scott

Today we will discuss disaster risk reduction with a focus on health. I'll turn it over to Pat for her introduction.

Presenter: Pat Bittner

Good afternoon everybody. I'm really glad to see so many participants in the session today. I'll be brief because I'm kind of an anomaly in the fact that I have spent my professional career in one organization. I think that doesn't happen too much nowadays. I've been with the Pan American Health Organization for 25 years. PAHO is the regional office for the Americas at the World Health Organization. As the world's oldest public health organization, it has many different departments. I was with the Emergency Preparedness Disaster Relief Department for many years in a variety of functions, but long enough to witness many changes in the disaster field. As John said, we have changed from a purely response mode to more of a consideration of mitigation and risk reduction and to improved preparedness. So what we would like to do today is more than give a course on public health and disasters. We would like to share some of those information sources that are out there at the international level that will mesh with what you all are working on.

[Slide 2]

Presenter: John Scott

We'll start with just a little bit of background of what you can expect. This course was first delivered live. Pat and I went to Springfield, Illinois a couple of months ago and we've adapted from that experience to this eLearning format. Today we're going to take a look at disasters from an international point of view, including how the definition of what constitutes a disaster can vary. We'll also look at some of the most common problems that arise in disaster situations, with a focus on developing countries, although U.S. information specialists will probably recognize many of these. And finally, we'll explore who's who at the international level in the field of disaster risk reduction and response or probably should say the field of disaster risk reduction and response. What you'll see by the end of this session, if you haven't already experienced it, is what some may consider an esoteric field of disaster management which in fact is a very broad field. On Day 2,

we'll dedicate our time to focusing on how you can apply or use this information to meet your needs and the needs of your constituents. We have so many people online that we would encourage you to use the chat function if you have questions for us.

[Slide 3]

Presenter: John Scott

We also refer you to the Moodle site. This slide shows you one quick screen capture just so you can recognize it.

Pat and I have worked hard on this Moodle site, and I think you will see how rich it is when you go to it. We know that taking this 1.5- or 2.5-hour online course will be one thing. But the Moodle site, and the reference materials there, will be lasting and equally useful to you.

[Slide 4]

Presenter: John Scott

These are the objectives that Pat and I have for the course: give you an increased understanding of risk reduction, which essentially is identifying, assessing, and reducing the risks of disaster, and disaster risk management, which includes a focus on humanitarian response to disasters.

Many of you are familiar with what is frequently considered the cycle, the pre-disaster/post-disaster cycle: preparedness mitigation, prevention, response, and reconstruction. We are using broader terms for disaster risk reduction and disaster risk management.

The next thing is to make a point about the issues with the terminology of the international disaster. It is a U.S. centric term. There are very few, but to be clear, most disasters are national disasters. So when we refer to international we mean outside the U.S., which will be our principal focus.

We will reference some of the experiences the U.S. has had that give us a perspective on how the U.S. approaches international or other national disasters. Our principal focus will be outside the U.S.

Pat and I believe that you may have a larger and more varied constituency than you might think. We have looked at the material that you sent defining who you are and where you come from. We are curious to hear what you think tomorrow afternoon after you have had the course. Pat and I also want to give you a perspective about how we or the international community got to where we are now.

We will give you a caveat that I did in the introduction. Most of this is experiential and not academic. So many of the things that we refer to are our recollection of how things progressed over time and based on our experiences. We will go large and broad, and then we will come down to a small focus, for example, highlighting Haiti later on in the program.

[Slide 5]

Presenter: John Scott

We made some assumptions about you. We did see the material you sent in representing where you are from, but we are assuming that you are librarians or information professionals, that you are part of any number of institutions, academic health centers, private, not-for-profit hospitals, medical facilities, local and state government, health departments, nongovernmental organizations, etc., and that your constituents may be administrators, public health and medical professionals, academics, or the public.

During the next few minutes or so we would like you to jot down to yourself who your constituents are and what their information needs might be, with respect to international disasters. Keep these someplace handy because at the end of day two tomorrow we'll come back and talk about some of these if we have the time. We will go over your list.

Remember: constituents and their information needs.

[Slide 6]

Presenter: John Scott

Introduction Slide

[Slide 7]

Presenter: Pat Bittner

[ACTIVITY]

Okay. So let's begin with an activity here. As John mentioned, we will try to use the chat function because there are so many people on.

Take a moment and think about what you consider the most common type of a disaster to be. Let's take about 30 or 40 seconds and use the chat function. And see what you come up with.

For example if you think civil unrest.

Okay. Interesting.

So some people talk about natural disasters to cover a wide variety of hazards, specifically flooding, weather-related. Hurricanes, floods, and earthquakes. Okay.

And there is more than one answer. And people are generally pretty much in agreement. Okay.

The reason I ask you this was because there are some reasons why people may differ in their answers.

Most people did not equate the most common type of disaster necessarily with the one that claims the most attention in the media or that we think about as the most dramatic of images of a devastating earthquake or a major volcanic eruption.

But what is interesting here; and I can see your names but I do not have the sheet next to me about where you are physically located here in the U.S. I think the variety of answers also reflects the hazards that you are familiar with and the risks that you feel that your area faces.

In other words the inherent vulnerability of the community that you live in. That's why there is no one correct answer because every disaster is actually a national disaster. So you are going to consider the most common type of disaster as the one you will be facing.

But in the end, we even have the experts that don't agree. FEMA for example says that the most common type of disaster—and they are a federal agency—Federal Emergency Management Agency—FEMA says that the most commonly occurring disaster are floods. The Red Cross says—and I'm wondering if anybody knows—fires. I think they are more than wildfires.

I see some people are mentioning wildfires. Probably I would guess that you're out West.

But FEMA does—I mean, I'm sorry—the Red Cross does say that fires—and I think they are more thinking about generically household fires.

So it is just an interesting concept, but it was interesting to see what you all put there too.

[Slide 8]

Presenter: Pat Bittner

[ACTIVITY]

Another question—and we won't particularly do a chat session with it—but there is a difference generally at the international level between what we consider a disaster and emergency.

I am sure that much of this will be true here in the U.S. too. We are focusing sometimes on concepts that occur or that are widely held in the international community.

So for the purpose of this course, we wanted to look a little bit of what the difference was in the disaster and emergency. They all begin with an event; some participating events that will generally lead to certain repercussions, such as the ones that you have here, or any combination of these repercussions.

Most of these repercussions are common to both disasters and emergencies and they all will lead to a response in one way or the other.

So kind of back to the question before I flip the slide; do you think, and you can think this to yourself. What would you think the difference between an event that is classified as a disaster and an event that is classified as an emergency?

[Slide 9]

Presenter: Pat Bittner

Generally internationally, the difference is the ability to respond. In other words, at the local level, if there are sufficient resources to manage the disaster, without further crisis, without having to look to the international community, it is generally considered an emergency.

But when an event exceeds the capacity of a community to deal with the repercussions, then it usually becomes a disaster when outside resources are required. This will also depend upon the location of the emergency or disaster. For example, there is a train derailment that injures 15 people in a very small country -- in a Caribbean island for example. These 15 people have to be transported to the nearest health facility and there are only four beds in the emergency room. Then they are definitely overwhelmed and require outside assistance. But that same event in a large city or a metropolitan area -- whether it is here in the U.S. or in many countries -- for example in Latin America, would not necessarily be a disaster, it would be an emergency.

[Slide 10]

Presenter: Pat Bittner

We begin to realize the importance of defining terms. This particular publication produced by the UN Office on Disaster Risk Reduction is on the Moodle site under general information. It takes a look at defining this type of terminology: how we look at hazards or events and what we can do about them if anything.

The UN Office on Disaster Risk Reduction, as its name implies, has a particular focus on risk reduction.

That is a word that is quite vogue in the international community. I don't know in the U.S. how many people are actually working in that field or are that familiar with it. I think we tend to do a lot more with preparedness and response.

You will find in this dictionary or in this glossary, rather the terms such as land use planning or residual risk or sustainable development. These terms have a reflection of the kind of work that they do in this field.

[Slide 11]

Presenter: Pat Bittner

This glossary of humanitarian terms was compiled by a group called ReliefWeb which we will talk about a little bit later. They contain some of the same terms. But they have many others that focus much more on the humanitarian aspect of the emergency. Things like amnesty or civil society or participatory approach, things that you won't find in more technical publications like the one from ISDR.

There is some overlap between these and other glossaries that are out there but this is generally due to the focus of the organization that is producing them.

If you find yourself needing to define some terms for some reason or another, you may want to consult with several of these sources. In the Moodle classroom there is a list of these with some other general publications.

[Slide 12]

Presenter: Pat Bittner

We just took a quick look at some of the most common definitions. The ones that are in blue are from the UN Office of Risk Reduction, from their glossary. You can see for the most part they are generally the same as the ones you find in the humanitarian ones.

What does differ a bit is the blue definition of risk comes from the Office of Risk Reduction. The one in black comes from the humanitarian organization. They have felt the need to define this in terms of the type of crises that they would be dealing with, the large population displacement, drought, and other types of crises. ISDR, the Office of Disaster Risk Reduction, looks more at natural hazards.

Again, these are all in the Moodle site and I will turn this over to John.

[Slide 13]

Presenter: John Scott

Thank you.

Let's look at these categories of disasters. These are broad categories, not necessarily encompassing everything. Look at natural hazards. I think we probably don't have to spend too much time on those because those are self-explanatory: earthquakes, hurricanes, floods, wildfires, wild land fires, etc.

The next is the man-made disasters which also include technological hazards, such as agrochemical spilled, power outages, or acts of terrorism, in addition to those that are mentioned on the slide.

In complex emergencies most of which happen outside the U.S. examples are Somalia, the former Yugoslavia, and Columbia specifically, as it relates to conflict areas within the country.

In addition to the items on the slide, it is important to recognize that the international context of "humanitarian" as a term often refers to these complex humanitarian emergencies. Whereas, the generic use of the term "humanitarian" refers more broadly to the effort of individuals involved, specifically humanitarian assistants.

Complex emergencies are situations where environmental, social, economic, and political challenges, such as the breakdown of state structures, disputed legitimacy of national authorities,

and the abuse of human needs, overlap with each compounding the other. Hence the name “complex emergencies”.

So you may have a desertification compounded by political strife, compounded by starvation. And over time, a complex emergency arises.

[Slide 14]

Presenter: John Scott

This is an overly simplistic history of tipping points in disaster management. I’ve never been happy with the term “disaster management” because you really don’t manage disasters. But it is the shorthand that I think many of us are comfortable with or have to come to use.

In the old days circa 1970 and before, the term was “civil defense.” You probably recognize the term as related to nuclear preparedness and Cold War era issues. During the ’70s we saw the expansion to the all hazards approach. There were all hazards even though theoretically it included all earthquakes and hurricanes.

In 1984 the Bhopal chemical accident in India brought attention to man-made disasters. Not that these had not gone on before, but these were really changes in the way that the U.S. and the international community started looking at what we needed to pay attention to.

In 1986 was the Chernobyl nuclear accident in Ukraine and followed by the 1979 Three Mile Island accident which brought the issue of nuclear threat back in terms of nuclear accidents. It changed the dynamic of how attention and funds and politics were focused on disasters.

The decade 1990 to 2000 was proclaimed a U.S. decade on natural disaster reduction.

This started through the U.S. effort of the National Academy of Sciences. In 2000, this idea of the IDNDR decade morphed into a sustained ISDR; the International Strategy for Disaster Reduction. We will talk about that later.

The year 1990 was interesting, it was a U.S. focused event and that was the AT&T long-distance network crash. It was so significant that it precipitated businesses paying more attention. The private sector started to get involved in disasters in a big way when it saw what the potential was after the crash of AT&T.

[Slide 15]

Presenter: John Scott

In 1991, we saw the breakup of the Soviet Union which resulted in a short-lived peace dividend broadly in many different areas. It reduced the nuclear threat so there was more opportunity to focus attention on money, national hazards, preparedness, and risk reduction.

The year 1992 was significant with what was called the Rio Conference. It was the first United Nations Conference on Environment and Development. It was this conference that gave us sustainable development and ultimately climate change. This has changed the dynamic of the field of disasters.

In 1993, we referred to a previous slide on complex emergencies. Somalia was one of the first complex emergencies. From information management terms, it was really the first time that all of the UN agencies, all of the principal international organizations, all of the principal nongovernmental organizations, and the funders were together in a fishbowl of Mogadishu and the surrounding towns. Having to deal with what one or the other were doing, how they were raising money, how they were spending money, and what the needs were.

It was not pre-Internet, but it was pre-ubiquitous Internet. I went two times to Somalia, once for AID, and once for the UN looking to try to rationalize the information sharing. It was quite a challenge. It was really the first time that there was such a big challenge that showed that information collection and management were going to be a key.

In 2001 we had September 11 and that redirected and heightened earlier interest in national security with terrorism taking the lead, certainly not unique to the U.S. Most foreign countries and regions have had this challenge for a lot longer than we have had.

In 2005 avian influenza or bird flu in addition to that there was swine flu, followed by H1N1 and the deeper fear of the broader pandemic flu. Each of these added one to the other and complicated the requirements for funding, for policy, for legislation, for response and preparedness, because each has a nuance. Each when it comes along takes the wind out of the sails of many of the efforts that have gone before. And until such time that there is rationalization of these new things in the pecking order, it is a very dynamic field.

[Slide 16]

Presenter: John Scott

There are other types of health emergencies and this is one of them. A clever photograph you will see on the slide and these are Public Health Emergency of International Concern. These are emergencies where immediate global action is needed and required to provide the public information.

PHEIC diseases include cholera, yellow fever, the plague, smallpox, polio, severe acute respiratory syndrome (SARS), new strains of human influenza, and other emergencies that may constitute a biological, chemical, and radiological or nuclear event.

This is a relatively new term and it is certainly a broad and important focus for us in the coming years.

Presenter: Pat Bittner

There is information in the Moodle site on public health emergency of international concern.

[Slide 17]

Presenter: Pat Bittner

We wanted to turn our attention a little bit to some of the problems that are commonly seen in disaster situations.

We don't want this to be a course, as I said on public health and emergencies, but we do want to point out a little bit about issues that may occur in other parts of the world. And are not necessarily that common in the U.S., or at least the degree of impact is not the same.

Probably the most pressing problem after major natural disasters and other parts of the world is water supply and sanitation. Unfortunately it is also one of the least visible problems. This becomes a constant challenge to make sure that in non-disaster periods these systems are maintained properly.

The systems themselves are often very expensive. And more often than not, they are in a state of disrepair. In parts of the world where they are at risk constantly these pose a particular problem of vulnerability.

We know that when a water system fails and the quality of drinking water is affected, and where there are deficiencies and exposing of solid wastes, this in itself can create the conditions that are really favorable to the spread of a number of diseases. One of the most common of those is easily treatable, fortunately, is diarrheal diseases. This is a major killer of children in other parts of the world and directly related to the lack of clean water and consequently to water systems that are damaged by disasters.

Communicable diseases a lot of people think in the wake of a major sudden impact disaster, we are going to have massive outbreaks of infectious diseases.

Now in certain circumstances, the disaster itself can contribute to circumstances that create the potential. But the disaster itself is not going to lead to the major outbreak of a communicable or contagious disease.

Usually what we find is that these communicable diseases like acute respiratory infections or even meningitis or things like that occur most often when there are a lot of people gathered together when a disaster provokes large displacement of population and people are housed in crowded temporary facilities. That is what makes the conditions right for the spread of diseases.

You have in the longer term a certain type of disaster, especially hurricanes and floods the chance for an increase of vector borne diseases. Standing water can increase the number of breeding sites for mosquitoes. Also, the rains or the flooding can wash away any residual pesticides left in the area. Malaria and dengue can be a concern in this sense.

Mental health is not necessarily as important a problem or as large of a problem. Let me say it is an important problem. It is not as large a problem basically because most of the disasters are not of the intensity that will cause severe problems. It is really common to see reactions such as anxiety or depression after certain disasters. But we tend to react that these are normal reactions to stressful situations.

What we have to think about in mental health issues related to the disasters are not just the individuals in the community, but also the humanitarian workers that are providing response activities in a disaster-affected country. Equally important is the expatriate diaspora in the country. For example, I remember an occasion when major hurricanes occurred in the Caribbean. On the East Coast, we have large expatriate populations from Washington to New York, where there are many Jamaicans, who were just as anxious and worried because they had no contact with people there. So we have to think about the mental health of families of survivors, the survivors themselves, and the humanitarian workers that are out there.

[Slide 18]

Presenter: Pat Bittner

The damage to health infrastructure is an important problem. We will talk a little bit more about it tomorrow. I know that there is a lot going on here in the U.S., and I am sure that many of you might have experiences to share.

This particular image is what is left of the Ministry of Health. John took it in Haiti probably within the first week of the disaster. Unfortunately, not only did the building collapse -- and these are the administrative offices of the Ministry of Health but about 250 employees of the Ministry of Health were killed in the disaster. Many of these were people that the Pan American Health Organization had worked with for years building up this cadre of disaster managers in the country. So it is a tremendous loss when infrastructure failed, but especially when health infrastructure failed. Of course we often see in hospitals, which is really inexcusable because we are talking about critical facilities, ones that have to be there but even if we look as far back as the 1985 earthquake in Mexico City, 13 hospitals in that city collapsed and 886 people died in the facilities. Hundreds of those were the health workers. So for a city to lose the capacity of 6,000 beds in a matter of minutes was a devastating blow.

This was really one of the tipping points that got the international community working on the issue of mitigating the impact. Not just accepting that a disaster will occur and improving the response to that, actually mitigating the damage, or reducing risk. In Latin America and the Caribbean, they built a lot on work that had been going on in California for years; and the improvements on seismic building codes and things like that.

Common problems include food and nutrition. Food shortages can occur because crops in the disaster area are destroyed. It reduces the amount of food. Or, the distribution systems that carry food to the needed areas are destroyed so people don't have access to them.

While it is common in complex emergencies or in long protracted drought situations for people to be completely dependent on outside sources of food, in most natural disasters this is not the case. The disaster does not affect the entire country; it affects a localized area. And there are sources of food locally.

The final problem that I want to cite here that we have the most commonly is in cases of population displacement where there are large movements of people. They move to urban areas, areas in which the public services cannot cope. This can exacerbate problems but health problems.

For example in Haiti, following the earthquake, 1.3 million people were living in temporary shelters in the month following the impact. This contributed to the spread of communicable diseases that we talked about earlier.

Equally important, 600,000 people moved from Port-au-Prince to either the countryside or across the border into the Dominican Republic. We saw massive efforts to provide health care to those refugees that were fleeing.

[ACTIVITY]

So if we take a moment actually to use the chat session, and maybe let's give a minute. These as I said were six common problems, and their of course are many more. But there are six common ones that we thought were important to recognize that while they might not happen that much in the U.S., you may not have these obvious the major population displacement—although after Hurricane Katrina you did.

We certainly have had damage to health infrastructures and you may not see the water supply and sanitation issues.

But what are some of the other common problems that you have witnessed in disasters? Take a minute and put some of these in the chat session. Okay. Communication. Right, breakdown in communication. Where we said breakdown in communications, were we talking about the actual breakdown in the systems or breakdown in humans' ability to communicate with each other? Loss of power and water, right. Very good. Someone put in here about taking care of the disabled and special groups. And that's something we talk about. And the elderly, right. Taking care of pets. Good. That is something that somebody mentioned. Gas shortages. Interesting.

I think I understood correctly from Siobhan and Debra that these chat sessions would be archived. So these will be very helpful to us also to understand and incorporate your feedback into these slides, but thank you this is interesting.

A disruption to schools and workplaces is very interesting.

About the expansion of the evacuation after Hurricane Hugo. Very important was the separation from loved ones. We talked about that a lot in mental health. Thank you for sharing those things. It is interesting.

[Slide 19]

Presenter: Pat Bittner

In this screen capture of the Moodle site, we must have 12 or 14 different specialized topics here. I only could grab just a certain amount. There is mental health, water, safe hospitals, older persons in disasters, and earthquake and the cholera outbreak. There are a lot more special topics. So we hope that these will serve as references for you as I proceed through this course and in your work in the coming days. These are all in the Moodle.

[Slide 20]

Presenter: Pat Bittner

I thought these were a good summary of the impact that disasters have on health. You can see the effects whether it is death or communicable diseases or damage to health facilities, etc. You can see the type of natural hazards across the top.

We can see earthquakes cause many deaths, but slow onset floods few. Floods do produce serious food shortages, whereas earthquakes, which are localized, generally will not cause food shortages. It is interesting to see.

What we have not talked about is the impact of climate change and how it impacts health. And actually there has been some discussion on whether this is a disaster in the making or not. At the international level, it is considered a disaster in the making. And there is a lot going on in the study of climate change and the impact of health.

So we have included a number of resources on this in the Moodle virtual classroom, particularly the World Health Organization reference on the health impact of climate change and how it also contributed to drought or agricultural losses, in terms of food insecurity and conflicts. This might be interesting to take a look at through the Moodle site. I will now turn it over to John.

Presenter: John Scott

[DISCUSSION]

Just before moving on to the next slide, I want to highlight going back on the chat. Lola had mentioned an interesting addition to the reference I made to the AT&T long distance crash and the private sector getting involved and that's the difference between the '90s and now. Certainly we have the potential of that kind of crash happening again. Now we have a more pervasive potential from hacking and security that become issues, particularly in communication systems and the international community start to rely more and more on social media and mobile communications.

[Slide 21]

Presenter: John Scott

Now we are going to switch gears and again a little background on the approach that Pat and I have taken. We are doing two things here. We are trying to provide a primer on what is going on with respect to the international community in disasters outside the U.S., and we are focusing on

the information aspects of this. That's why the Moodle site is important for you to reference because in each case we have developed links on all the slides we are showing to the information. You are learning from us or you are recognizing that the field is broad and that there are many sites that provide information. There are sites that you would not ordinarily think of, as some of these for example are sites at UN agencies.

In a minute I will go through a couple of these. We decided in the interest of time that we would not have these hotlinks and go off into these sites themselves so we have a few screen captures on these. They are available to you on the Moodle site.

So with respect to the UN, even though we have the health focus, we have started with WHO and these are not listed in any list of importance. I will jump around a little and actually start with the UNDP, United Nations Development Program. It is really the most ubiquitous of the UN agencies. In many countries there are world meteorological organizations. In many cases there are units that programs or WFP programs, etc. But in many cases, particularly in smaller countries, there aren't. So the UNDP resident representative of the United Nations Development Program represents the UN system in these countries. And should disasters happen, or with prevention preparedness, they frequently are the first resource and they're the ones that support the increased participation of the other UN agencies.

With respect to disasters, OCHA, which is the Office for the Coordination of Humanitarian Affairs, coordinates other agencies. In my notes I have quotes around "coordinate." It is really herding cats. They have a coordination function and a facilitation function. They don't have the mandate to make final decisions. The various other agencies or other organizations who have responsibilities in the field, OCHA attempts to coordinate them so there is information sharing.

UNDP for example would be more involved in risk reduction and in the development aspects of disaster. OCHA is more of a coordinating function focusing on response.

WHO, or World Health Organization, through many of its divisions and departments is responsible for health programs. There is a little bit of a challenge because, as Pat mentioned communicable diseases, within WHO there are many divisions that focus on a daily basis on a number of health conditions and development issues relevant to health.

When it comes to crises though, there is the more specific disaster coordinating mechanism divided into the various regions of WHO or of the United Nations.

[Slide 22]

Presenter: John Scott

So, moving on to show you the WHO site, I hope that you can see this clearly enough. I have not gone to the home page, but in fact gone into global health action and crisis which is one of the divisions and looked at that list of regional offices.

So if you're interested in doing research or any of your constituents are interested in activities, whether you have programs in any of the countries in the world that may be affected by disaster events, you may wish to look at the regional offices that would represent each of those countries. Through those offices, you can look at what current emergencies are, particularly through the focus of health.

Pat mentioned definitions earlier. To the right of the screen you can look at the definitions. You can click on featured emergencies, etc. It is a rich site.

[Slide 23]

Presenter: John Scott

Drilling more specifically down to making somewhat of an assumption that because we are in the U.S. and we are part of the Americas that many of you might have relations or interests or your constituents might have interests in the region. The regional arm as Pat mention of the World Health Organization is the Pan American Health Organization its headquarters is in Washington DC.

The site is very rich, far too rich to highlight or to capture in this one screensaver. I highlighted the portal or the knowledge center focused in this article because it is relatively new. It will get you into a site where you can access any number of things. It is only available in Spanish but that is the next generation it will soon become available in English. Keep that in mind.

Look at major emergencies on the left, the drop-down menu on the left; you can look at what is going on currently. You can look to the right; you can click on legislation. PAHO has been very active specifically the disaster preparedness response group referred to as PED, has been very active in working with governments in the region to develop and promote legislation, particularly on health as it relates to disasters as well. And that might be interesting for some of you.

Regional contacts would be another place you can look, over to the left.

[Slide 24]

Presenter: John Scott

If we look at the current events and drop down one more level on the PAHO website, we see tropical storm Isaac, which probably meant that this was posted before or after it became a hurricane, which it was at one time.

[Slide 25]

Presenter: John Scott

Now I'm going back to that broader list of UN agencies and referencing UNDP. UNDP is the development program, so most of the work that UNDP would be conducting is development oriented. In risk reduction, almost every aspect or element of development has a disaster risk reduction component to it, whether it is economic development or whether it is educational, health, political development, agriculture, all of them have reason to focus on risk reduction.

If you look at the top of the page, you have the general breakdown. I clicked on crisis prevention recovery, but you have democratic governance, poverty reduction, environment and energy, HIV/AIDS, etc. All of those would likely have a disaster component and health emergency component too.

[Slide 26]

Presenter: John Scott

Looking at other international partners, we have a group, and this is only a representative sample here, a group referred to as international organizations. They are in fact nongovernmental organizations, but we will make that distinction later. The international organizations are the large principle organizations that have multiple chapters or multiple affiliations around the world.

One of the more well-known being the IFRC, the International Federation of Red Cross and Red Crescent Societies and its sister organization, the International Committee for the Red Cross. IFRC is more interested in broad disaster risk reduction and response, particularly for natural hazards. ICRC is more interested in humanitarian and political types of emergencies, looking at health conditions in prisons, looking at health conditions in conflict areas.

The IOM is the International Organization for Migration. As Pat mentioned, displacement is a big issue in natural hazards. Certainly the term "internally displaced persons" is the term given to persons who are displaced but stay within their country, as opposed to refugees who are displaced and cross borders.

The International Organization for Migration concerns itself with ideas or with the issues of migration, and it has a health focus as well. It works for example in refugee camps of displaced persons.

MSF, the Doctors without Borders, or Médecins Sans Frontières is another international organization that is very active in health and has a reputation like ICRC. It is extremely important because it provides health care regardless of what side of the conflict an injured individual might be on.

Handicap International focuses, as their name suggests, on handicapped issues relative to disasters. In Haiti they were very active looking at the traumatic injuries and looking at prosthetic devices, etc. These are only a few. I would encourage you to look at them in detail on the Moodle site.

In the next column, we have links to them on the Moodle site, though it does not suggest that here on this slide. These are the principal organizations that are the national institutions. Office of Foreign Disaster Assistance is part of the Agency for International Development.

These national agencies provide funding and guidance. Guidance can be euphemistic for direction at times. Guidance is what you get when you look or overlay the politics of these countries. OFDA, the Canadian CIDA, the Swedish SIDA, the European Union ECHO, in Japan and others, all of these are frequently referred to as donor governments. The donations, whether they are technical support or financial; are dependent upon the coordination between these organizations and the governments of the affected country. It is important with all of these, with the UN and with the governments, the donor governments, to understand the concept of sovereignty.

In the United States, if there is a disaster declared by a governor of a state, the governor asks FEMA to come in and support. FEMA does not just show up because there was a flood. Similarly on the international scene, all of the principal entities are negotiating with the host government or the government of the affected country to determine appropriate level of activity.

You have the UN agencies, the NGOs, OFDA, CIDA, Japan International Cooperation Agency, European Commission Humanitarian Aid and Civil Protection Directorate, which are ECHO, and its disaster preparedness program. These are some of the principal ones in our region of the Americas and the Caribbean.

In a separate category, the World Bank and Regional Development Banks are both funders. They tend to be long-range funders for development kind of issues, not surprisingly. And they will work with the UN and other principal international organizations, governments, and regional governments. They identify long-term strategies for risk reduction and resiliency mitigation programs. They will work to put the money in place that can be borrowed by the countries to go about with the development efforts. For us it is the Inter-American Development Bank which is our regional bank, but there are regional development banks throughout the world.

And last but not least, at least on this slide, are foundations, large foundations. The Bill and Melinda Gates Foundation for example is one; the Clinton Foundation is another particularly as it relates to Haiti. They work on a daily basis, not just after disasters, but before. So when events

happen, they are positioned to put out the word and craft the proposals for funding for development and relief activities.

[Slide 27]

Presenter: John Scott

With respect to the sovereignty issue and the involvement of the various agencies, I will use Haiti as an example. After Haiti, which as you all know was extremely devastating, the international community got together with the government of Haiti, or what was left of the government of Haiti, to work to develop strategies for funding.

There were millions, if not billions of dollars that were talked about and submitted to Haiti. But those were dollar amounts that needed focused programs to be useful. There was a clamoring because everybody wants to commit funds quickly. All of the donor countries want to be seen as supportive of a country after an event.

The idea of committing funds with no defined program is not a good one. And in recent years, the international community has gotten together and tried to streamline that process. We will talk about that a little bit later.

I have a quick screenshot here of the International Federation of Red Cross. The American Red Cross is one of the national programs that are within the International Federation. They operate independently as the American Red Cross, but they also are an affiliate member of the IFRC.

On the IFRC site, on the left, you see the development work that they do in a variety of areas, not just health, but including health. They have some of the better reports, the annual reports of world disaster reports, and they have the latest appeals.

[Slide 28]

Presenter: John Scott

ReliefWeb. I would suggest you go to the web site. It is probably one of the more widely used sites within the humanitarian disaster community. Near and dear to my heart, I was the first project manager for ReliefWeb and actually developed the concept of Relief Web for the predecessor of OCHA, which was the Department of Humanitarian Affairs at the UN. It does not look anything like what we conceived of it back then, which was in the early days of the Internet. Now it is very robust. It has maps that you can focus on disasters or regions. You can focus on who is doing what in each of those regions or with respective any of those disasters. It even has a site for jobs and training.

[Slide 29]

Presenter: John Scott

Interaction. Of all the sites that we are looking at, I would suggest that ReliefWeb and Interaction might be two of the more important. Interaction is the U.S. association or organization affiliation of institutions who are involved in disaster and humanitarian work.

[Slide 30]

Presenter: John Scott

It is a very long list of members. You will recognize many of them. I just did a screen capture here to drill down to the work in Haiti. If you were to go onto that page and scroll down, you would see all of the U.S. entities that are Interaction members and most of the principal ones and even smaller.

You will see a listing with contact information. You can find out what they are doing. In this case what they are doing in Haiti.

[Returned to slide 29]

Presenter: John Scott

If you use the broader examples here on the home page, you can look at crisis response, you can look at mapping, you can look at advocacy, etc. And so in terms of what institutions are doing that may have an association with your constituents and your community, Interaction would probably be a good group. Now this focus of Interaction is U.S. institutions and organizations working in other countries.

[Slide 31]

Presenter: John Scott

Here you see articles about Interaction. The screen capture is too small to capture everything. There are lists of blogs. There are lists of organizations involved, books, etc., related to Haiti. This is not just for Haiti, but it is for other information or other disasters and events.

[Slide 32]

Presenter: John Scott

We won't go into much detail but just to show you what happened. This is my recollection of how it happened really in a big way in Haiti. It certainly was percolating before Haiti. I would make an argument that any communications technology, including basic e-mail, is in fact social media depending on how it is used. Anytime you step into the stream you get a different kind of social media depending on what is current and the technology available and its use. Haiti was certainly the big coming out party for agencies using social media.

I will note, and this is one of the things that Pat and I are concerned with going into the future, is that social media right now is principally used by international organizations and NGOs, principally the ones that are well-funded or have high competency in use of technology and new information tools. They are being funded, not only by those institutions, but by their funders, who are frequently foundations and organizations that are looking to fund humanitarian and disaster efforts.

Left out of this mix is actually the post governments, the ministries for example. The Ministry of Health of many countries in the Americas does not have the resources and has not been funded to the extent that UN agencies and international organizations have been funded. So they are not equipped with the resources and the capacity to meet halfway those organizations that show up in the field after a disaster with these technologies. So this is a gap that needs to be met in the future.

[Slide 33]

Presenter: John Scott

Good resources for general information. These are self-explanatory, and we would encourage you to look at these sites. They are on the Moodle site. There is nothing particularly new here except we will call your attention to this is the first time we have mentioned the resources of CDC. CDC is one of the principal U.S. organizations.

OFDA does not have the funding to have a large cadre of professionals, though they have regional offices for example in the Americas. They link to and look for support to institutions within the U.S. The principal institutions that OFDA funds for disaster response, for example Fukushima and the tsunami in Japan and Haiti would be the Los Angeles and Fairfax, Virginia, Fire and Rescue Departments.

They also relate to the CDC and to the National Disaster Medical System. The CDC and the National Disaster Medical System are both in the Department of Human Health and Services within the U.S. government. More information can be found at the website.

[Slide 34]

Presenter: John Scott

[DISCUSSION]

I have a comment. And Lola says at least at the end of the year. I'm sorry. Roy Brown says he played at Cherokee at MLA about a year ago and talked about using the media to disseminate information and it was really interesting. I'm not sure that we highlighted them; it occurs to me now that we should go back and look. If we have not, we will update the Moodle site. There are a couple of good studies within the past few years that have come out. Some of them specifically focused on social media for disasters and emergencies. That would be good for us to share.

[Slide 35]

Presenter: John Scott

Now, let's kind of zoom in we have talked broadly and up to this point about different organizations and different disasters. Now we are going to focus in a little bit more.

We talked about tipping points early on. In this particular case, we're going to look at a specific tipping point and that was the 2004 Southeast Asia tsunami. It was a tipping point in many respects. It was one of the largest disasters, certainly the largest in 40 years, so that in of itself had to be looked at differently in that light.

Fourteen countries were affected, making it fourteen national disasters. It was international because of the entirety of the region that was affected. There were 227,000 people dead or missing or assumed dead. All of that does not mention the environmental losses associated with a tsunami.

The tipping point though, in response, had to be dealt with because there was a breath of the region that was affected—14 countries. The magnitude of the loss, economic, social, and human; the remoteness of many of the affected areas of the country; the economic development status of many of those areas; the lack of communication; and the nature of the political conflict in many of those areas. We talked about complex emergencies. In many of the areas affected by the disasters there was guerrilla fighting between tribes and it was a complex situation.

[Slide 36]

Presenter: John Scott

One of the things that made it unique—this was the tipping point—the establishment of a tsunami evaluation coalition or TEC. This was a coalition that was formed as a way of bringing all the key principle players into the process to improve long-term response and reconstruction and coordinate fund-raising and appropriate needs of tracking and monitoring progress.

To give you an idea of the magnitude of the task, look specifically at the magnitude of the information requirements to coordinate the sharing of information. Your slide shows the UN agencies that were involved. Food and agricultural organizations, OCHA, and UNDP are listed as before.

Many research institutions were involved because these were long-term developing communities that were involved. The donors were far broader than those on the short list that I gave you that came from around the world. Many of these donor countries have strong political and social

relationships with the countries and the communities involved. Then just a little bit of the organizations, the NGOs, and the international organizations involved in this coalition.

[Slide 37]

Presenter: John Scott

The coalition was brought together so that there would not be random attempts to address the issues, but in fact, there would be a coordinated activity. This sound like it shouldn't be such a tipping point. In fact, there are always attempts to coordinate. Because of its broad nature and that it was not one disaster, or it was not one country, the political coordination by the affected countries and the governments of the affected countries, required this tactic. So there was an interagency steering committee that formed, this TEC.

What the TEC found was, and again a lot of this is not surprising but it was the justification and the impetus for change, and poor coordination due to proliferation of agencies of all types. Everybody showed up, funding fueled by competition. That is the nature of all the NGOs and UN agencies that are involved in disasters and humanitarian work. They depend upon funding, and so their relationships with funding sources can be very competitive. So there was a funding competition that complicated the issue. There was a lack of nongovernmental organization field representation. Many of the places that were affected were coastal communities and small villages that needed attention.

Aid was supply-driven. It was not driven by identification of need.

[Slide 38]

Presenter: John Scott

What was established was a one response concept. A Cluster Approach was established, which became a paradigm shift from the way things have been going on before. For example, you wanted to ensure sufficient global capacity, because, the cluster approach for major disasters, predictable leadership, concept of partners, and clusters.

[Slide 39]

Presenter: John Scott

Specifically within that cluster concept, one of the clusters was a health cluster. Here is a snapshot of what the health cluster functions were. It is like herding cats; it is formulating strategies and

plans within the health cluster, monitoring health trends and activities, resource mapping, response to needs, advocacy, and linkages inter-cluster.

[Slide 40]

Presenter: John Scott

I will show you why that is important. This was the cluster system in Haiti, but it is also the cluster system within the one response. These are all the clusters. Note the importance of the similar approaches of all sectors. The health cluster approach applied to all of these sectors.

Consider the complications when there is a health sector but in fact there are other sectors that are related to health which include water and sanitation, nutrition, health clusters systems food, etc. So even though there was one cluster that represented health, there were other clusters that had very important relationships. That cross-cluster information sharing was very important.

[Slide 41]

Presenter: John Scott

Drilling down a little bit further to the health cluster in Haiti, it made it extremely complex. There were more than 400 nongovernmental organizations, international organizations, UN organizations, and local NGOs that signed on to become involved in the health cluster. Each one had at least one representative in the field. Certainly they had more than that, and all of them had to coordinate within some clusters. These are the sub-clusters that were in Haiti.

[Slide 42]

Presenter: John Scott

You had almost total devastation of the infrastructure of a country, which included communications. You had a requirement that 400-plus institutions, multiple different sections, and subsectors had to share information.

The main challenges that were related to information in Haiti were the pressure to provide accurate and transparent information. Saying we don't have time to read syndrome, that is frequent, it is not new. "I don't have time to read all of this stuff. Just tell me what I need to know and what I need to do." Information gaps were often filled by invalidated sources.

Another issue for social media is how you filter social media so that you can verify its accuracy. And that is not just social media that is general reporting as well.

Lack of searchable information, most of the information was not collected and immediately available in a searchable database. Most of the information was grey literature. It was field reports and situation reports. It was information that came in forms that were not searchable and were not captured.

[Slide 43]

Presenter: John Scott

For Information Specialists in Haiti and the requirements there, what was needed is the ability to know what was needed. In addition to those things that you see on the slide here, which all of which are common sense kinds of things. A significant challenge was to address the human resources needed in Haiti with French speakers and health information management professionals and health professionals who spoke French. Certainly further complicating the issue was if you wanted to reach the public, much of the information needed to be translated or interpreted into Creole.

Although most of the disaster events information resources were made in English, it is not always the case. Further complicating the issue was grey literature, which we will talk about again later, the importance of grey literature and capturing grey literature is something that the National Library of Medicine did in collaboration with the Pan American Health Organization. The Center for the Central American Disaster Information collection in Costa Rica, CRID, resulted in a very excellent compilation of both grey and regular, non-grey literature.

[Slide 44]

Presenter: Pat Bittner

On Haiti and on information management in general because I think all of you must have experienced many of these same challenges. Put into a different geographical context or a different situation, or pressure system, but many of these same challenges are present in the work you all do as information specialists. Information in a disaster, in an emergency, is really one of the most elusive commodities. It is very difficult to obtain and to disseminate in a way that aids in decision-making.

After the tsunami in 2004, WHO made a conscientious decision to include information specialists in all emergency response teams. They knew it wasn't enough to send out epidemiologists and structural engineers and communicable disease experts. They also need to have information specialists who could take all of this data, and imagine the challenges in Haiti with 400 organizations contributing to the health cluster, and translate that into some form of usable information.

The cluster situation helped to organize the information and improve the gathering of information. The cluster in Haiti for example not only operated in Port-au-Prince but it had sub-sites in other parts of the country because that was a fairly widespread disaster.

So not only did this help in gathering and disseminating information, but they realized that the system itself for doing this was cumbersome to set up and different organizations wanted the information provided or formatted in specific ways. So this was an additional challenge. The turnover in the staff, you can imagine the burnout rate. After four weeks, humanitarian agencies were completely rotating their personnel.

All these contributed to the challenges. We just included this slide and the next because we asked two health cluster leaders, Roderico Ofrin, who is with WHO's office in New Delhi, India, and was a key member of the tsunami health response team, what were the challenges that you had in the health cluster? And this is taken right from an e-mail. He said it was setting up the system. There are so many things that you can do before a disaster, but generally it is not going to meet the needs of what is going on in it.

Even relatively simple ones, they call it the 3W's: who is doing what, doing where. It is an electronic form of a piece of paper tacked up to a wall in an office saying Roderico Ofrin is working in one agency and WHO is here, and UNICEF is here. It is a way of telling people what is going on.

He is the one that said he realized that the information manager is a core team member in any team that is deployed. They had difficulty in sifting through. Imagine those reports that came in and finding the time to actually read and digest the information.

And preserving that information -- creating a repository for the disaster information, not only a static repository for one of which people could continue to contribute with us was a challenge. This was his thoughts during 2005.

[Slide 45]

Presenter: Pat Bittner

Then if we go five years later, to Haiti, Dr. Dana Van Alphen, who was the PAHO/WHO Health Cluster Lead in Haiti and managed those 400 international organizations or NGOs. She said her biggest challenge was collecting information that you could disseminate to the outside world. Donors, agencies, and the media were constantly there. You saw Sanjay Gupta showing up at the warehouse that was distributing medical supplies there for example.

So collecting and disseminating that kind of information as opposed to information that was purely for operational purposes, but was probably more critical.

John mentioned, and she reaffirmed that social media was used in Haiti during the first days of emergency but it was very limited because the Internet services were spotty. She says on the downside, and this is something that is not necessarily a reason not to use social media but something to keep in mind, you are never going to stop people from using it. It may have contributed to the spread of rumors that later needed to be verified.

She reported receiving rumors from remote areas of the capital itself or in other parts of the country, all of which required a team to be sent out if they were told that there was an outbreak of measles or something like that in a certain area.

It is a thing to keep in mind. However, on the flip side of the coin, it has not been used to its full potential in the response operation. She said there was an in-depth study done on this. When I queried her for that I have not heard back from her. So if I do get this I will be sure to share with you.

[Slide 46]

Presenter: Pat Bittner

That wraps up what we were looking at for Day 1. This review of some of the players and some of the information sources, many of which we would have loved to go into more depth but we had some technological as well as human limitations. We were afraid of loading too many screens in this Adobe Connect site and having to shift back and forth and we were afraid we might lose you, which is why we did some of the screen captures.

[ACTIVITY]

We have prepared a little scenario and exercise. We agreed to have a class for an hour and a half each day and a homework assignment in the middle. The purpose of this exercise is really just to help you step through some of those information sources, both the ones we looked at today and others. Whatever is of interest to you, they are in the Moodle site. I am sure there are some that you may already know and I'm sure there are many that you don't know.

Consider a major disaster; we threw out an example here just to get things going, the earthquake or the cholera outbreak that occurred several months later in 2010 or the Fukushima nuclear power plant accident that occurred in Japan. Or you could choose another disaster that has claimed international attention that you may be interested in because you have a particular area of interest.

So thinking back to that list that you wrote down—that you jotted down—of who you think your constituents may be. Who is the public that may come to you? By public I mean people in institutions, people in local government, or academic institutions or whatever. If you could anticipate the type of information that your constituents may be looking for in those instances, or

in another instance as I said that interests you, and if you use your experience from any exercise that you would have had, where you provided this kind of information. Or simply use your imagination and consider the role that you and your library would play in providing this information. We would ask you to look through some of that information in the Moodle site and give us some examples of what you found, what sites you used. Why you thought these would be particularly useful to provide this kind of information. You can look at preparedness access, you can look at the response aspect, and you can look at health. You can look at future risk reduction activities. Anything that you feel might be useful. We are talking about one page. And as I said, the purpose would be to get you to delve into some of those sources that are in the Moodle site.

[Slide 47]

Presenter: Pat Bittner

[ACTIVITY]

There are other sources that are not in the Moodle site and you can be as creative as you would like. You can look at newspapers in the affected countries, in the affected cities. You can try to find clips on media coverage here in the U.S. You can look at other Facebook or Twitter sites, whatever you would like to do.

The MLA has asked that you take this one-page exercise and e-mail it to them tonight preferably, or by tomorrow morning. If you would include as it says here on this slide in the e-mail subject line, your last name_INT_Homework. Then Debra will share this with us and we can take a look at some of these things and maybe we can put out there even before class tomorrow some kind of summary, something brief in the introduction page.

Darrel Willoughby asked if we can log on to Moodle as a guest. The answer is yes. Thank you and John also answered yes. So the Moodle site can be logged on as a guest.

And so I don't know if there are any other questions, I know we have kept you five minutes beyond what we had planned.

If you have any questions John's and my e-mail is unfortunately on the slides for Day 2. Perhaps we can type them in there.

Presenter: John Scott

[DISCUSSION]

And we understand there may be some who are watching their time and it is seven minutes after we said we would be finished. But if anybody does have a question and they want to use the chat, we would be happy to stick around for a few extra minutes and respond to anything.

And you can also unmute your phone by pressing star six if you just want to get on the phone and talk to us. Thank you.

Can the homework assignment be e-mailed? Deb answered that.

Okay.

You see the question from Amanda.

Yes.

Amanda asked a question: -- "if it had to be outside the U.S.?" Certainly not, the purpose of this exercise is really to help you or give you a reason to familiarize yourself with some of the sites that we have put on the Moodle.

So if you prefer to search some of the sites that are relevant to the U.S. go ahead and do that but I would encourage you to—because of the nature of the course, if you think about—and we will get to this tomorrow—constituents to include the disaster of Haiti, or of Japan or any of your community—even outside your health facility—that might be interested in the information that you might get, and you can use that as an example.

But don't hesitate to go domestic if you wish.

Bill asked what time tomorrow morning do we need the slides? Any time before 11.

We are not going to grade these. We are just going to kind of skim them quickly to see if we can find some common knowledge, yes commonalities.

Or any of you are at a point where you don't find information or you are looking for something else, so we can get a sense of how you are doing and make some comments tomorrow.

But by 11 should be fine.

And the PDF of the slide were so heavy because of the photographs and all the files were so large, that we saved them as a PDF with notes. With space for notes, rather, so you can actually have a preview of the two which is up there on the new site as well as the slides for day one.

But at least if you check that out, you will have the URLs and our e-mail address.

Anything here on the slides today.

We will sign off for now. We have enjoyed this. We are just looking at our screen. And it would be fun to do this in person with you.

But we look forward to talking to you again tomorrow.

Thank you very much.

[Event Concluded]