

Integration of Medical Disaster Response Worldwide

Peter J.F. Baskett

There are very many organisations seeking to help in the prevention and alleviation of disasters and multi-casualty incidents. Each has the very highest motive and its own particular area of expertise. Prevention and management of disasters is, perforce, a multi-disciplinary activity and an effective outcome requires knowledge of the capability of each discipline by all of the component groups. Sadly, optimal performance and material co-operation is sometimes lacking because of ignorance of the capability and requirements of others, leading to failure of coordination and duplication of plans and effort.

There is clearly a need for a coordinating body at both national and international level to enable communication between disciplines and between organisations representing the same discipline in different regions and countries and even between the same disciplines with a single country. The United Nations International Decade for Natural Disaster Reduction (IDNDR) has focused world wide effort towards the problem and actual groups have been established in many countries who have adopted a multi-disciplinary approach to addressing particular problems associated with disasters and multi-casualty incidents. Their findings and recommendations are forwarded to the IDNDR headquarters in Geneva. Over the Decade a substantial fund of knowledge and experience will be accumulated towards mitigating the incidence and aftermath of disasters worldwide.

Medical organisations with an expertise and an interest in disasters abound and arguably there are more societies in this discipline than in any other. Therefore, in no specialty is worldwide coordination more required.

The World Association for Disaster & Emergency Medicine (WADEM) was created in 1976 as the Club of Mainz by Professor Dr Rudolf Frey in Mainz, Germany. It was originally conceived to be based on the principles of the Club of Rome as a think-tank addressing the medical aspects of disaster worldwide. The Club held World Congresses open to all to report experiences and produce recommendations to mitigate the mortality and morbidity associated with disasters and multi-casualty incidents. Over the years it became apparent that the limited membership of the Club was inappropriate and in 1985 at the World Congress held in Brighton the organisation was opened to unlimited membership and renamed the World Association for Emergency & Disaster Medicine. Since that time it has continued to hold World Congresses every two years and additionally has created task forces addressing the medical aspects of airport disasters, chemical disasters, volcanic and earthquake disasters and the effect of disasters upon children. These task forces have made recommendations and published their findings in the Association's journal *Prehospital and Disaster Medicine*.

In recent years, the Association has concerned itself with the integration of medical associations and societies related to disasters. Although the World Association has members from over 30 countries in the world and has close coordinating links with such bodies as the United Nations, the International Committee of the Red Cross and the World Health Organisation it was appreciated that there were many other bodies with similar goals at a local, national and regional level with a substantial duplication of effort. Additionally there were organisations of a highly specialised nature such as the Mediterranean Burns Club which has particular expertise.

Accordingly, at the World Congress in June 1993 the World Association (now renamed the World Association for Disaster & Emergency Medicine to emphasise its prime concern with disasters and multi-casualty incidents) launched their plan to create Federated Societies to the World Association. The object of this plan was to create a bank of information as to the existence and activities of the many societies in being and to foster exchange of views and coordination between them. Societies would become federated to the World Association for a nominal fee and in return they would have access to a data base with details of all other federated societies and their activities. The World Association would publish surveys of the federated societies from time to time and hold information concerning their reports and availability to respond to impending or actual disasters.

Federated societies would receive the Association's Journal and Newsletter and individual members of each society would be offered personal membership of the World Association at a reduced subscription.

The Association's plan received unanimous support at the General Assembly and very many organisations have already joined at federated Member Societies.

Further publicity of the scheme is currently being promulgated, and the resource is growing month by month. Access to the resource can be obtained through the Association's headquarters and further details of the scheme can be obtained from.

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DISCUSSION

Chair: Baroness Cox

Michel Lechat: We have discussed how we need information to evaluate what we are doing. We have been talking all day about prevention and mitigation, but these have no visibility compared to relief and we need to convince people about "what if not". It is very difficult to have an end point to what we are doing which is a non-event, so I think information should also be collected to be able to demonstrate that mitigation is better than cure and more cost-effective – which is not evident or that obvious to decision makers.

Nicholas Mellor: A number of initiatives talked about today with ODA, e.g. the Pathfinders group, have coordinated a network of workers in the field and I think we still have to face a major challenge to work with our colleagues on the continent and in the US, as well as a purely national environment. How does the ODA see this international coordination going – even their close coordination with WHO and Brussels humanitarian office which is also hoping to take more of a lead in this field.

Peter Burton: We do not see ourselves as leaders in any new international coordination. Certainly we are members of Europe – the EC Humanitarian Office has been set up and they will not be slow in coming forward to have greater profile in the European effort. We are a funding agency fundamentally and we are happy to put our money into international groups such as the UN and the International Red Cross. We do not have any plans to internationalise our activity as we have our hands full just doing national jobs. Can I make one further point regarding funding available? It must be stressed that the pocket of funds I refer to is specifically for disaster preparedness activities. I'm afraid disaster teams do not come into this category.

Norman Kirby: IDNDR emphasises the scientific input, but the medical input in the post-disaster situation has a lot to give to the local population, for education, and international goodwill. At the meeting here today we have so many varied people it is the opportunity for us to give all our names and addresses to Peter Baskett whose office may well be the starting point for the coordination of various societies, and I hope the Royal College of Surgeons, when they are looking at their new accommodation, will provide an office there to coordinate international operations – we would look for some funding from ODA, I would hope.

Peter Baskett: I would like to encourage that. I think the project is necessary but not very expensive. We are not talking about coordinating individuals but organisations. I think it would be helpful as far as ODA is concerned to be able to see what they had available. We would like to make sure they had to the best overview of the talent that is available. I welcome the offer from the Royal College of Surgeons to give us a table and a desk – that would be nice – but at the moment we can manage with our own office. I will be leaving some cards, and if people could take these and

drop me a line on their activities I would appreciate that.

Isobel McConnan: I'm a director of an organisation which is partly funded by ODA and Save the Children Fund to provide appropriately experienced health personnel for emergencies if and when they are requested. I fully support all the comments about appropriate training, and I would add to that, selection, as well. It doesn't mean because a person is willing that they are necessarily able. The second point I would like to pick up is one of release of personnel. This is a serious problem in the National Health Service – it is very difficult to release people from work in the event they are called upon. We are constantly having to find people for the Save the Children Fund and Oxfam and it is critical to have the support of NHS managers, and for there to be an awareness of the importance of this work – to create a climate in the health service for health service managers to feel proud if an individual member of their staff were released. I need allies to do this and would be very happy to talk to anyone about this initiative. I also have information for anyone who wishes to join us.

Mr J. Dromgoole: I should draw attention to the fact that a good deal of what we have heard this afternoon about emergencies points to the need for much better coordination, not merely on the ground but also at home. This institution (Institution of Civil Engineers) is running a service in this regard for WFE0, a study of megacities and disaster-resistant structures. What we are hoping to achieve is some form of methodology for disaster response. The point has been made that disasters are always unique – in fact there is also always a category of responses which are not always understood on the ground. The study will, I hope, draw in help from most of the speakers today to establish this methodology. This study is being funded by ODA and is a worldwide as well as European study.

Ian Davis: I am impressed by the words "by invitation". Having worked recently with two NGO groups who were interested in emergency management, neither of them had much of an interest in that particular word. They said that if there was a need they should go – when they heard that an invitation ought to be a prelude to action they felt that was almost insulting. The other thing is about payment for people who go. Surely if someone is asked to go by one of the agencies the agencies should fill up that person's salary. I am surprised that there should be a problem in the National Health Service. Volunteers going unpaid can be a problem – they do not have to follow instructions.

Claude de Ville: In the next disaster in the UK PAHO would be glad to pay a group team of Mexican and Columbian specialists to come to the UK to tell you how to do it. Consider how you would react to this, when we suggested it to the US it was turned down!

Howard Baderman: Although I am an ordinary accident and emergency consultant I am also an adviser to the Department of Health. I am not here on behalf of the

Medicine in the IDNDR

DOH today. The current organisational situation in the NHS does cause concern. Full-time staff being released at short notice does present difficulties for the districts that employ them with the contracts and service levels that have been fixed. The question immediately posed by NHS managers is who is going to run the service? Sometimes there are funds available to pay locums. This is a real issue we have to address in the health service in our own network. It's a very real problem in the current state of the NHS managing and funding which didn't use to exist. If you put a group of doctors together they are always very keen to talk about treating the condition, but prevention is not a very glamorous concept. It does seem that we have heard quite a lot this morning about prevention in terms of structural engineers, flood prevention experts and so forth. I hope we won't lose sight of the work required for the prevention or mitigation of future disasters, e.g. evacuation and communications. The medical fraternity hasn't had much of an impact on mitigation so far and it is time we looked into this. We need encouragement from our structural engineer colleagues and others to be drawn in to do research prevention and mitigation.

Peter Baskett: The problem with disasters is that you are actually faced with people who are sick there and then, and I totally approve of prevention. The IDNDR includes many scientific groups and medicine is one small bit. Prevention is important, but you cannot ignore the man who is lying there with a crushed leg whom you could save. We are brought up to believe that and I don't think it's a bad belief. But no-one has actually answered my or Isobel's question. Some managers, like in my own hospital, are being outward looking and are good at letting people go away for a week or so, but if they were confronted they would have to be told that this is not what NHS money was to be used for. Dr Redmond takes teams out invited by the

ODA, but in fact the NHS pays for people while they are away. The NHS should get a grip of this – it is a responsibility they should take on board.

Speaker in audience: If a key member of staff gets run over by a bus then presumably the NHS managers have to wait for him to get fit. Is there any real difference in the person being hit by a bus and going off to be of some use somewhere? There will be a training experience for that member of staff who will come back with much better ability to respond to the health demands of this country.

Peter Baskett: You can claim for sick leave if you are run over by a bus!

Speaker in audience: There is a precedent with the Territorial Army – you can have special leave at the discretion of the health authority. I make it quite clear to my health authority what my intentions are and my colleagues are extremely supportive. If you are up-front from the start people, even hard-headed managers, are supportive, so long as you prepare for a disaster and have contingency plans for when you are called away.

David Childs: This always comes down to cash in the end! The World Memorial Fund was founded by Group Captain Lord Cheshire some four years ago to provide money specifically for disaster relief operations wherever they might occur. The funds that are made available are to support the kinds of projects discussed today. The money is not spent on administration but it supports groups like Tony Redmond's and Merlin. The answer of who is going to fund it is, ladies and gentlemen, yourselves. You can support charities that are prepared to make money available for projects if you are prepared to encourage people to generate the monies for a major fund to support the work you would like to see done.