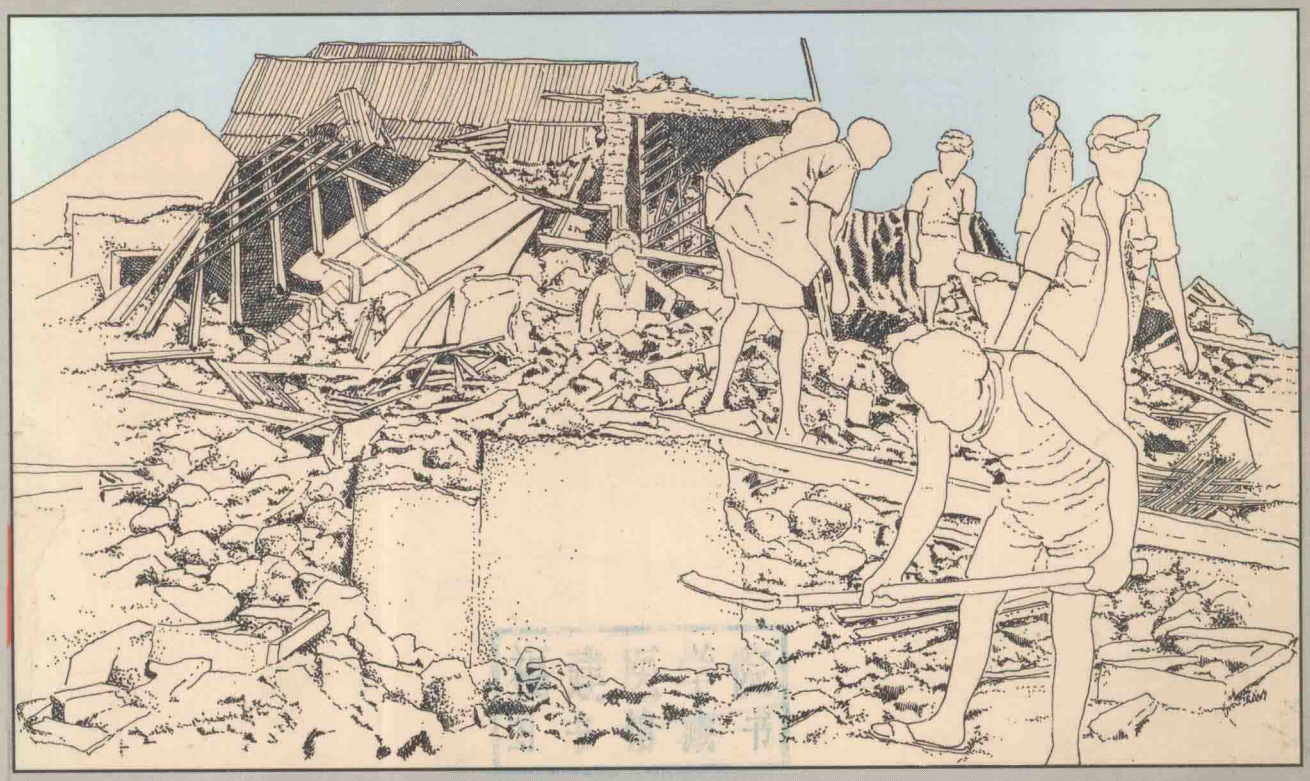
Coping with natural disasters: the role of local health personnel and the community



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Coping with natural disasters: the role of local health personnel and the community

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The World Health Organization is a specialized agency of the United Nations with primary responsibility for international health matters and public health. Through this organization, which was created in 1948, the health professions of some 165 countries exchange their knowledge and experience with the aim of making possible the attainment by all citizens of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life.

By means of direct technical cooperation with its Member States, and by stimulating such cooperation among them, WHO promotes the development of comprehensive health services, the prevention and control of diseases, the improvement of environmental conditions, the development of health manpower, the coordination and development of biomedical and health services research, and the planning and implementation of health programmes.

These broad fields of endeavour encompass a wide variety of activities, such as developing systems of primary health care that reach the whole population of Member countries; promoting the health of mothers and children; combating malnutrition; controlling malaria and other communicable diseases including tuberculosis and leprosy; having achieved the eradiction of smallpox, promoting mass immunization against a number of other preventable diseases; improving mental health; providing safe water supplies; and training health personnel of all categories.

Progress towards better health throughout the world also demands international cooperation in such matters as establishing international standards for biological substances, pesticides and pharmaceuticals; formulating environmental health criteria; recommending international nonproprietary names for drugs; administering the International Health Regulations; revising the International Classification of Diseases, Injuries, and Causes of Death; and collecting and disseminating health statistical information.

Further information on many aspects of WHO's work is presented in the Organization's publications.

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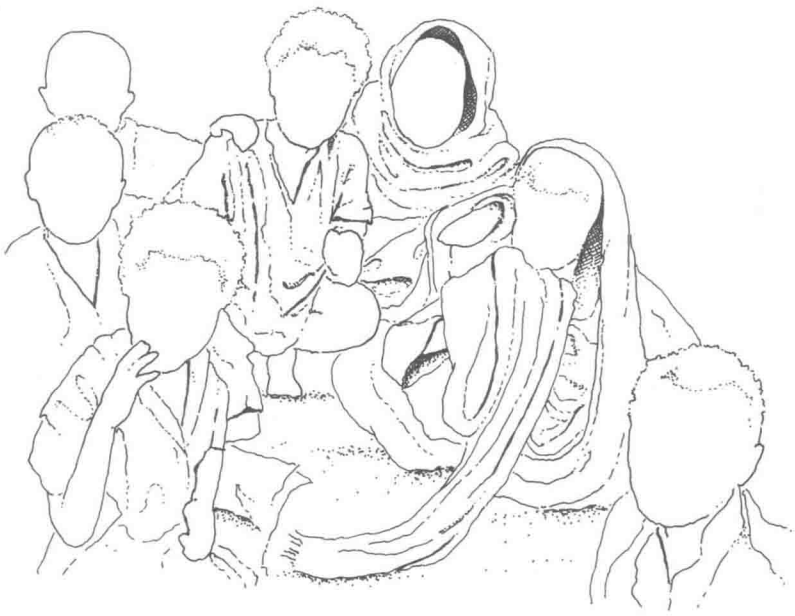

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This Guide is in three parts:

- The first part deals with rescue work and emergency care immediately after the disaster has struck.
- The second deals with action to be taken when the acute period of the disaster is over.
- The third describes what can be done at local level to prevent and mitigate the consequences of disasters.

Each part consists of two chapters:

- The first describes what the community can do.
- The second describes what the local health personnel can do.

But the action of the community and that of the local health personnel are closely linked. In disaster situations, the local health personnel sometimes need to act as a referral point for the population, to solve problems relating to survival or to the general organization of the community.

Contents

ANNEXES

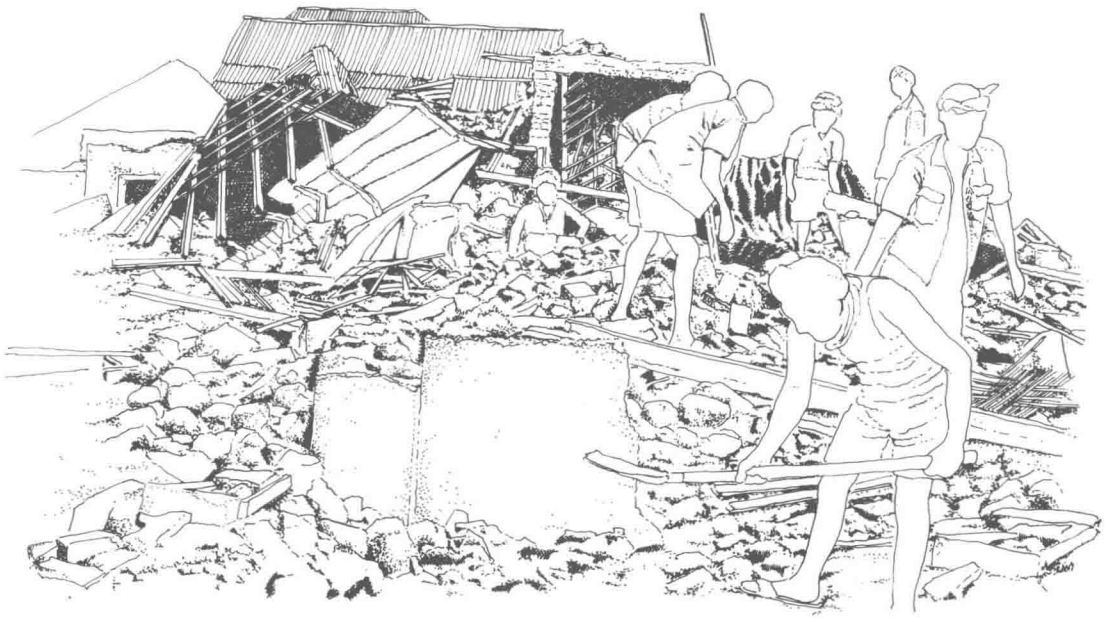
Introduction

An active role for communities and their health personnel

It is usually assumed that in emergency only national governments and international agencies can mobilize the resources needed to deal with the situation.

Various countries set up systems for protecting the civilian population in the event of disaster that are based on central state authorities and make use of the latest equipment and technology. It is also certain, however, that the local communities have an active part to play before and after disasters:

- because a good state of preparedness before a disaster strikes may reduce its impact,
- because the greatest number of lives can be saved during the first few hours after a disaster has occurred, before help arrives from elsewhere,
- because the numerous problems of survival and health resulting from a disaster are dealt with more efficiently if the community is active and well organized.



The purpose of this Guide is to help local communities and their health personnel cope with the consequences of disasters, particularly natural

disasters such as earthquakes, volcanic eruptions, floods, hurricanes, gales, tidal waves and droughts. It is intended for relatively small communities with scanty resources, in which there is a health centre or local hospital and where the local health personnel consists of a small team, including at least a physician or trained nurse.

Since it focuses on local action, the Guide might give the impression that a community can be self-sufficient in the event of a disaster. On the contrary, it must not be forgotten that a large number of problems can be solved only through outside assistance at various levels:

- the intermediate level: the nearest and best-equipped urban centres,
- the national level: the government and national bodies, including non-governmental organizations,
- the international level: international organizations and other countries.

However, an active and well-organized community will help to improve the quality of outside assistance and reduce the shortcomings often recorded, such as lack of information, poor evaluation of requirements and inappropriate forms of aid.

Two groups are envisaged that will take action in the event of a disaster:

- the local health personnel,
- the community: local authorities and persons or groups who concern themselves in the localities with rescue work, communications, transport, shelter and food supply.

The communities and local health personnel for the most part improvise their organization for meeting the emergency situation following a disaster.

The aim of this Guide is to encourage them to prepare beforehand, particularly in high-risk areas, for setting up the community's organization for dealing with disasters.

This is not just one more burden for already overburdened people and teams. Emergencies bring to light in an acute and extreme way things that in the day-to-day life of the community and in the functioning of the health services may long remain inapparent: lack of coordination, gaps in communication and information, unsatisfactory relationships between services and the population, inflexibility of the health services, a failure on their part to adjust to requirements, their poor territorial distribution and excessive concentration on hospital facilities, and many other shortcomings. On the credit side emergencies also reveal valuable professional and human capacities and qualities which in the normal course of events are not clearly apparent and are not put to use. In short, because they make it absolutely essential to find quick and effective solutions for dramatic problems, disasters at the same time throw into relief the deficiencies and potentialities of the services. Ensuring disaster-preparedness largely consists in improving the quality and effectiveness of existing community services: the prospect of possibly having to face up to an emergency serves rather to bring to general attention many

essential and priority questions that concern the community's health and life even under normal conditions.

The local population stricken by a disaster should be considered as taking action for itself, not as having action taken for it. This presupposes a fundamental change compared with the usual notion that the responsibility of caring for a disaster-stricken community should be entirely taken over by outside assistance and the State authorities. This notion is based on preconceived ideas: people panic and flee without regard for others, some of them will be bewildered or act impulsively, others will remain numb or stupefied; local organizations will be disorganized and unable to act effectively; there will be antisocial behaviour and looting. However, experience of disasters shows that the ways in which people really behave differ greatly from these stereotyped ideas. Cases of panic are generally localized and short-lived. The majority of people prefer to stay in the threatened area and generally take steps to protect their families and themselves. Indecision is usually due rather to the poor circulation of information than to panic. Those stricken by the disaster usually react in a positive way and busy themselves quickly and spontaneously, together with their families, friends and groups, in rescue operations. Looting and certain types of antisocial behaviour (exorbitant prices, for example) have been exaggerated (or are perpetrated by people from outside the community). Conflicts and class differences may die down and a sense of community solidarity not ordinarily present may develop. Local communities, if they are not discouraged and made passive, react quickly and effectively, particularly if they are supported (but not overrun or supplanted) by assistance from outside.

PART I

The disaster

Every catastrophic event has its own special features. Some can be foreseen several hours or days beforehand, as in the case, for example, of cyclones or floods. Others, such as earthquakes, occur without warning. Whatever the type of disaster, for some hours the community and local health personnel have only themselves to rely on before outside assistance arrives. In a later chapter, this Guide will deal with organizing the community to manage the consequences of the disaster. Here it will confine itself to describing the steps to be taken by the community and the local health workers to carry out rescue work and provide emergency care immediately after the disaster has struck.