

Health and Disasters: Understanding the International Context

Day 2. September 7, 2012

Instructors: John Scott, Pat Bittner

Transcript (unedited) of live-captioning of videocast.

Please stand by for realtime captions.

We are going to get started. Hello, everyone welcome back to health and disasters, understanding the international context which is part of a malaise disaster information specialization. Again, today we have John Scott and Patricia Bittner presenting so let's get started and I'm going to go ahead and turn it over to John. Go ahead, John.

Thank you very much in good afternoon to go Pat and I are extremely impressed with your commitment to this course. We both remarked that we really never thought about teaching, but we might think more seriously about it if you could be assured that we'd have students such as you.

Your homework assignments or very creative and thorough and we took this as a sign of your commitment. Of course, after having said that the next thing on my mind was of course, you guys are librarians. In my 20 year association with the national Library of medicine I continue to be appreciative of the work and the interests of a very ends. The fact that NLM and the regional libraries and essentially national libraries have taken on disaster risk management and response is a long-range initiative, think it is fantastic librarians and libraries are as ubiquitous as 711's our. If one is in distress because of an event, you don't have to go to find another. Librarians are committed to learning about information, starting it, protecting it and finding out how to make it available. Getting back to homework assignment, the work that you put in shows that your serious.

It was a variety of kinds of. Some of you if done some really new ideas. For example, the emergent hantavirus program and yellow [Indiscernible], I think it was, somebody took that as a way to look at that issue from the resources that we gave. Others were interested in real-time things that have affected your communities and some others really took the opportunity to delve into the Moodle site and came up with bibliographies generated from the Moodle site as well as importantly, adding some ideas that we might add to the site to. Both Pat and I as we got your responses made some individual e-mail responses back to you with some comments that we had. Others we've integrated into our presentation this afternoon. Some things that you brought forward, questions that you've asked for suggestions you have made to go so we thought we'd take some time that was motivated by comments that you made in your homework assignments to address a couple of things that may not have been fully addressed yesterday or that we know might not receive the attention that he might be interested and in today's presentation.

First I'd like to knowledge where the observations made by Paul Drake regarding electronic information access. Certainly technology is not always accessible and this was one of the points that he made. Frequently it is not just because there's a disaster that is affected the infrastructure, but in many countries the infrastructure is not sufficient to provide reliable communication or information technology isn't developed to the point where you can reliably and comfortably just sit down and have as much time as you need to search the Web and the sites that we've given you. We recognize this of course going into the planning of the course, but we probably should have made it clear that this is an issue and it is an issue that should be paid attention to buy all of you who have responsibility to ensure that people have access to information even if they don't have access to technology.

Some activities that are kind of working towards that even if you don't have Internet accessibility, National Library of Medicine and -- health organization and within our Region the disaster information Center and coast to wreak a have worked over the years to develop intraspecific CDs and DVDs where they've collected the materials that are available online and made it available free of charge for people who may not have Internet access, but may have computer access. Those kinds of things are important as well.

Moving on to another comment that Paul made regarding pay-per-view materials as you characterized it. He happened to pick the one site or at least as far as Pat and I can tell, the one site in the Moodle where it was a Journal of I think prehospital journal that did require membership or payment for fulltext articles. We made a concerted effort to make sure that everything was publicly available, that one slipped through I think you'll find it in that other sources of general information, something like that in one of the slides yesterday. Not to say that you shouldn't check out that slide, but be aware that that's an issue. What that brought to mind was Paul's particular question about his responsibility for providing materials among others to Republic of -- and the federal states of -- in the Republic of Marshall Islands in the Pacific. It made me think of [Indiscernible] and if you haven't, if you're not aware of RA it is a program that you should be aware of. It is run by the World Health Organization. -- we will add a list link to it from the Moodle. It is several-years-old maybe almost 10-years-old now and it was developed or sponsored by the principal biomedical publishers of the world who recognize that there was a need to do something that countries couldn't afford the journals. It was set up by WHO together with these publishers to gain access to the world's largest collection of biomedical and health literature. So now there are more than 8500 journals and 70,000 e-books in 30 different languages are available to institutions in more than 100 different countries. US not being one of them, but since we are talking about international work and we are talking about you making information available to constituents, if any of your constituents work with institutions in countries that were in \$1000 or less per capita income, I will give a little bit more of these details in a minute. You might make them aware of the link to it so they can check these out. Eligible categories of institutions are pretty broad, national universities, research institutes and professional schools, medicine, nursing a pharmacy, public health and industry teaching hospitals, government office polls -- all the members and students are entitled to access. If you are -- if your answers to shoot is in a Group A Mac which is the lower income countries, free access is available

to that's what Group A Mac refers to is free access, HINARI is reading if your institution is group B, which is the next tier up, it is a low cost access and it is \$1000 US per institution per calendar year. All institutions registering in group B countries are entitled to a six-month trial as well. So if your institution is in group B and you cannot choose or not pay an annual fee, your institution will still be eligible for free access to a number of information resources, just not the entirety of the library. And Paul, just to get back to you in particular, FSM is in Group A so that's free access to those 8500 journals and Marshall Islands is in group B and somebody likely, I actually checked, this is WHO manages HINARI in Geneva and I checked with the Geneva office this morning. With their update has been training in the marshals for HINARI so somebody there has a license.

Although allow is not yet listed, HINARI just received the approval from the publishing partners to expand their group B category and we understand Palau will be eligible for group B inclusion in 2013.

You also might look, Paul, and actually all of you might look for this resource and other databases like it, Paul, at the Wipro, it is the Western Pacific regional office of World Health Organization, their website and yesterday passed and I gave you if you look at the WHO slide that we posted, the various regional WHO offices so that if any of your constituents are interested anywhere around the world there is likely a HINARI resource that's available to them. There's also, by the way, and I would encourage you not to be confused by the name of the program. There's a Borat would just -- and that similar journal access for agricultural material and [Indiscernible] which is as an environmental focus of journal availability. This a mechanism that HINARI has and if you use those three as cross-references, there's a lot of material in the directly related to disaster and emergency work and some that is by extension certainly [Indiscernible] certification from the Agora and climate change to [Indiscernible].

Also you should be aware of the emergency access initiative which is a partnership of the National Library of Medicine and a national network of libraries of medicine and the professional scholarly publishing division of the American association of American publishers. And other publishers. EAI provides temporary recovery access to fulltext articles for major biomedical titles to healthcare professionals, librarians and the public affected by disasters and this, by the way, is both available in the United States and internationally. Access to the biomedical literature through the EAI is only available to those affected by the disaster and for those providing assistance to the affected population so there are timeframes and there is monitoring to make sure that the use is appropriate to their pledge to support disaster response.

I might say that with respect to both of these , another, MISO box particularly because I'm interested in risk reduction which includes early warning is that we found over the years that many private sector partners have been more than willing to provide resources after evidence for response, yet they haven't been as receptive to providing the same resources for prevention preparedness including early warning. Again, that assumption that an ounce of prevention is worth a pound of cure if we are looking at trying to reduce vulnerability of the same kind of resources and attention put towards response should be put towards before a disaster equation.

Notes on switching off my soap box and going back to the program.

Also wanted to credit the comment from Mike [Indiscernible] who talked about credentialing. As an issue in his homework assignment. He looked at some of the sites that might be valuable for credentialing and privileging and preparing volunteers to serve. In the United States, credentialing and accreditation for disaster workers in the medical professions is moving along, and has more history in terms of the organizations that would credit and pay attention to the issue than the international community which is broader and involves more participants. But Pan American health organization and World Health Organization are both working with others to try to develop appropriate accreditation standards and with luck there will be guidance on this that will be issued shortly, but it is a long process.

Okay, so thank you for bearing with me but we didn't have slides to entertain you for your homework assignment so you've looked at this first slide for long enough and now we will move on. We will come back at the end of the day to talk more, if you wish, about what you found out during your assessments. We didn't highlight all 50 of yours, but all 50 we were impressed and learned something ourselves from them. The moving onto today's prepared slides we wanted to suggest that one of the things that you do and you can begin to do it now, but it is really for your own benefit is to conduct an environmental assessment of your institution and community. This would be a little bit more in-depth version of what we asked you early in the day yesterday of identifying your constituents and they're needs. Constituents is probably not the best of words, but who are the types of people that are likely to be interested in the resources that are available through your libraries. There are two base to look at this is those people who would ask for information and seek you out and then to the extent that you are willing and interested, the constituents that you see might be interested in what you have an might not know that you are available or not know of the resources that you have. And the kinds of information that you might push out into various communities.

We want you to think broadly, many of you have already into your constituents are. We've looked at the registration material that you sent in, that is who you are and what city you come from and what institution you work for. We see that there are community health libraries, university academic health centers, hospitals, and tiers, government agencies, research institutions and public libraries just to name a few. That's who is on the phone with us today who's taking this course. Looking at that in these workplaces you may have constituents your health professionals interested and willing to support communities outside the US affected by disasters. You may have clinical and public health professionals engaged in academic or practical research on trauma, reconstructive surgery, prosthetics, PTSD and other mental health or as is called, Fraguli international psychosocial areas of focus. You may find that you have public-health policy, environmental health and toxicology international help, Pan flew interest and other sciences, environmental science including climate change, meteorological, for example, the relationship between whether to help which is increasingly important. For example, predicting health waves or predicting respiratory disease from wild land fires are looking at even something as is the tear gas upper atmosphere dust movement. Over the past several years, no and other scientists have noted just that moves in the upper atmosphere from the Gobi Desert east to the United States and from the Sahara Desert West to the United States and by extension, the Americas, and

looking at the possibility over time of whether or not there might be more significant relation between that dust or what that dust is composed of and health conditions in our area. So in those jiggly for those who are involved or work with academic health care settings, you might have association with broader fields of learning, agriculture education, transportation, business, marketing and advertising and public relations, for example, the role of the private sector, social marketing and journalism, how to write, illustrating promote disaster risk reduction strategies and best practices. CUC it is not too hard once you get going to make disaster risk reduction relevant to everything. Every profession and everybody. I like the adage if you're hammer the whole world is a nail. So you could come up with any profession or any interest and probably wouldn't take too long between us to find some relation to disaster risk reduction disaster risk management.

We will move on, this is a little bit deeper to some of the things we talked about yesterday. The principal US agencies involved in disasters outside the US. Most of these are the ones that are involved in response though of course there's prevention preparedness and mitigation efforts as well. I'm sorry, I had an exhausted -- hadn't exhausted the first slide yet and one of the important constituents that I forgot to mention is that consider within your community maybe the [Indiscernible] of an affected country. We have a monkey the folks from cities who are in the top 15 ranking for numbers of resettled refugees, for example. New York, Los Angeles, Seattle, Washington, D.C., Philadelphia, Houston are all in the top 15 for the largest numbers of resettled refugees. Refugees tend to resettle where there are broad larger immigrant communities from their countries and cultures of origin so you can expect that if they are refugees there are immigrants. By the way, it is really a transparent term, refugees is a term of art that identify someone for the first-year. After that year, they were refugees and there are immigrants. So there's a broad community of people and many refugees just by nature of what makes them refugees have escaped countries that are vulnerable either to complex emergencies or to natural disasters. So many of them are transplanted here and they here in the news or they read in a paper about events that are taking place in their country and they are disturbed. They either want to know what's going on because they have families there or they want to support those families by finding ways to contribute. You can be a valuable resource to them and by extension, since most of you are medical libraries, though not all of you are medical libraries that are participating today, the fact that you can provide support to your sister libraries, public libraries that may have more outreach access to those populations would be valuable.

Also if they don't come to you you could go to them or make yourselves available to them in the press or other media outlets are looking for comment on foreign disaster events you might be able to give them timely and accurate information about the event or about where to go to get timely and accurate information. As we know, media tend to get whatever they can get and to the extent that you can help focus their effort, that would be valuable. A final comment here, we were talking about maybe your constituents, the community wanting to support an affected country. Donations are still the most affected contribution that can be made, not sending things or people, donations meaning donations of funds, of money. If sending people or if people from any of your constituents institutions want to participate, you should check first. You should do your homework and help them do the homework. You should have previous linkages or

relationships established. Ideally would think such as sister cities or sister institutions if your academic health centers.

We just wanted to check, did will have a question she wanted to ask of John? We see her hand in the attendee list. Lola, if you dig you can use the chat session place and we will monitor it and passed on to John.

Thanks, Pat. You should check. As we mentioned with credentialing, there isn't quite the mechanism set up yet, but certainly places that you can check and better to check before a disaster than after a disaster would be the office of foreign disasters assistance or CDC if you have contacts there. Or the national disaster medical system within the Department of Health and Human Services. You also may have access to supporting affected countries by your relationship's with, for example, national medical universities in those countries or established NGOs again referring you to the interaction site that we showed you yesterday as a good example of where you can get your feet wet by looking at who is involved and maybe making an association with them before the events happen and letting them know of your interest and availability should something happen any particular region of interest to you.

Don't send people, send money. Once you send money, by the way, monitor where that money went and make sure it went for the purpose that you intended it and that's another reason to check the interaction type and Pat is going to go over some of the monitoring and advocacy sites that include sites to look at who is doing what with the money that's been pledged.

Okay, now we talk a little bit about [Indiscernible] yesterday as part of the general category of disaster agencies were presenting donor governments. But specifically, here's how things work with formal US response to foreign disasters. In the case of large-scale disasters, US ambassadors to country affected have a small but important discretionary fund that they can commit immediately to the governments of those countries. Of course, the US ambassador is and close contact with the Cabinet and the government of the affected countries so this can be done very quickly and the ambassador designate to check back with the State Department or with the other US government authorities to make immediate contribution of a limited amount of funds for some immediate activity in the country.

But in the longer run, what happens is outside similar to the way we talked yesterday about FEMA and the US, disaster declaration is required by an affected country before the US can or will provide aid. Some countries should be noted are reluctant to declare disaster for a variety of reasons, national pride there have been cases where presidents of countries have not wanted to declare disasters near all it shouldn't time because they haven't wanted to appear as though they and their governments aren't able to respond to their own national crises. Some are reluctant to become overwhelmed with an international assistant. For example, Fukushima and the soon on me in Japan, Japan by the way has the better and a long-lasting come along set up disaster management resources in the world. They were one of the principal sponsors of the early move to support the international decade for disaster reduction both with their own technical expertise and with funds. But obviously, even a country like Japan can be overwhelmed as they were to go

Japan made it clear that they would take support, but the search and rescue teams had to be UN-sponsored and not less -- lessers sponsored teams. For example, in the US, that limited the US to only two sites. So it is possible for countries to be overwhelmed as Haiti was overwhelmed by US and other countries assistance.

AT airport had to be -- was a challenge because flights were just essentially commandeered were chartered from all around the world just to flag and stuff and people to Haiti without rearranging their arrival. Countries are aware of that. CDC which read also talked about yesterday and the Department of defense are two active players as Department of Defense there to manage area and assistant -- assistance program. Historically, the challenge is from the international perspective with DOD and not just DOD, but most militaries through the world and this is historically is that they were trained essentially to circle the wagon, go in, bring in their resources and do what they do without much input and involvement from others. Including the affected country. Sometimes this was helpful, many times it wasn't. So over recent years, a lot has happened with the role of the US and other militaries and the importance of pre-coordination, coordinating with the United Nations and regional organizations so that roles are identified in relationships are determined before the militaries come in. In fact, militaries of the world are particularly valuable for the large resources in Haiti, for example, most of the brick-and-mortar of downtown in Port-au-Prince or brick-and-mortar that were destroyed, when I was down there you saw brigades of people just taking rock by rock and moving from first of all, trying to find survivors, but more broadly, just removing the rubble so it could be picked up. The large equipment that is required for logistics, for transporting is typically only available from the military so they do play an important role.

We mentioned ISDR and the international strategy for disaster reduction and Pat will go into a little bit of a focused discussion of UN ISDR and one of their current initiatives. I would just make a note to say that the UN ISDR is the principal organization within the UN system that focuses on risk reduction. So most of what you would find at that site have to do with the risk reduction strategies and resiliency, their suspicions and alignment are with the institutions that focus on those. They are less interested in the response within the UN system and look for -- the office for the coordination a few minutes manage sharing affairs in which we gave you the site for yesterday as the link to more of the response focus.

Prevention Web is website of US -- of the ISDR and again, it is a website that focuses on risk reduction broadly. We'd encourage you to take a look at that. There's -- the US is a partner to ISDR, frankly, it is a partner and a participant to the pan American health organization and the World Health Organization, it is a member country. Frequently we consider ourselves, I say that collectively, as donors to these UN organizations to ISDR and two pale people we don't really recognize what we have to learn from these agencies and what we have to learn by participating with other member countries. [Indiscernible], that's the kind of thing you will find in project -- revenge what does things that also have relevance to the United States and you're communities.

The United cities and local governments, you see all G and local governments for sustainability our long-term institutions, but relatively new to the risk reduction Arena were relatively new to the ISDR initiatives supporting risk reduction. Pat will talk about the resilient cities program, but Q1 and [Indiscernible] are two groups that you might look into for those of you who are in cities who may be participants in these two organizations.

And two others, a mental a couple times without showing you the size for the original center for disaster information which is and close to wreck it. It was started by the Pan American health organization and still significantly sponsored by PAHO and the ISDR and over the past 10 years, actually since deadly hurricane Mitch, National Library of Medicine has been a sponsor and working partner with [Indiscernible]. Much of the work that you have access to to that website was made possible through the early work of PAHO -- to what it was as a Piper database to an electronic database that's very rich and materials. Many of them are in Spanish not entirely. There's a very large collection of English despite the fact its Latin American focused. So don't let that throw you from looking at the site. The center for research on the epidemiology of disasters is at the University of the font in Brussels and it is one of the oldest of the institutions that were set up to look at disaster epidemiology. They have a very credible website that you will find that have a lot of statistics historical statistics on health and disasters that are pitifully good for making comparisons and doing research.

Then of course the national Library of medicine's disaster information management research Center. Their website is there and they have list servs that we have linked to in the middle site that I hope you are already members of. It is a very rich discussion and another Listserv that's available is PAHO disasters. We will show you -- that website is on the Moodle site and you should go to that and if you want to there's a Listserv and there's also a publication. Not only a publication, many publications that you will find there. Many of the things you can sign-up including situation report, not just from PAHO but from -- and other groups, if you're interested in following one or another of then you can sign-up to get Listserv reports of situation reports and reports on the event from various sites that are available to you on the Moodle.

Okay, now let's move to another thing that we had listed, we already planned on talking about today, but one of our participants , one of our participants did a scenario on a local search group for homework on the local search group working in a mission in Africa. And there are two sites that we wanted to make you aware of if your constituents are involved in disasters and will be going to disaster event's. It was Mary Beth [Indiscernible], she mentioned -- a call or I'll break in Haiti that she talked about and Lauren Young also one of the participants had the assignment or the scenario of a local search mission doing work overseas. This next slide might help you with that. The first is a State Department smart traveler enrollment program. The purpose of it is to notify US citizens in event of a disaster. Emergency or other crises and for the evacuation for coordination of the evacuation of what is required to go you can also subscribe to this site for travel warnings and alerts. You should note that this site or State Department advisories are rather conservative. If you're going into a disaster situation on purpose, you should know that there are risks before hand and it is likely that you will have to use this information as background information. For example, any disaster events

introduces potential for problems and certainly any complex emergency. Many sites that you go to this restriction of traveling overnight. If you're a formal contractor for the US government or UN Agency, you are prohibited in some cases from traveling at dark. So I think this site or the next one will show you are valuable for you to do. There's no reason why if you have someone, for example, Lawrence scenario going over on a search mission what they shouldn't sign up for this. That way at least people know where they are and have a better chance of getting to them if anything should happen.

The next site is a little bit different. This site is before you go, the next site is if you happen to be in the country that's involved in a crisis or disaster. This site tracks Americans affected by crises in foreign countries. I don't know if you can -- if all of you can read the sites, I will step through essentially what it does, but it gives you -- it is a monitoring by the Department of State and parading it is where you can go to get information about crises. Had to contact your family in the US to reassure them of your whereabouts and safety. Have to contact the US Embassy. How to register with the Embassy or Consulate. How to monitor the voice of America or local media if you have access to that. And what federal government employees can do for country clearance. And conversely, if you are in the US, if your family here and you have relatives abroad, there are numbers and ways to contact the Embassy to find out how to learn about the possibility or learn about their safety or more about the situation.

So we would encourage you to go to that site or make your constituents aware that that's something, this is some information they should keep with them as they travel abroad. Now I'm going to turn it over to Pat to take the next section.

Thank you. I know that we have given you a lot of information and I'm listening to this and I'm even having a bit of trouble assimilating everything even though I know these groups. So I just want to remind you that we do have all of the sources or I think 95% of them I've seen a few that I may have zero made it a URL in the website, but otherwise, the PDFs and most of the sources are on the Moodle site and I think it is a great resource that Emily and NLM has provided so you can go back and refresh yourself on this because it is a lot to taken in one sitting. I will try to go through some of these other things a little bit quickly and that I'd like to get your feedback on the second part about some of the myths and realities associated with disasters.

This particular slide on on that can doing the theme of know the players to talk about risk reduction, -- we wanted to touch now on the issues of learning accountability and advocacy. One of the best ones for learning, the one I like because it is actually research-based is the active learning network for accountability and performance and humanitarian action. LNAP is a network of many humanitarian organizations and experts. Currently there's about 74, 75 members they include UN Agency suggested UH zero and UNICEF and indicate that they also have NGOs like care and [Indiscernible], universities and even bilateral aid agencies like USAID and Sweden's international development Agency. So you can get an idea that the type of research and documentation that they have is going to be pretty broad-based and not reflect the particular focus or been of any one organization. And it is able to draw on this very broad range of experience and expertise to produce the kind of studies and analysis that they do. I just wanted to

show you one example, across the top bar there's a section on resources in the previous home screen I showed. If we drill down that event, we can look at the studies and I like it because they are using a lot this word innovation. They are hearing a lot of a lot of the studies they are doing most recently on innovation and it is a word you don't hear too often and humanitarian circles so I think it is kind of positive. This study that we highlighted here is on innovations in international and humanitarian aid and I've given you one of the key messages from it just because I think it struck me as I know LNAP well but I hadn't seen this particular study and the use of the word innovation I found kind of refreshing at least in the circles that I've been accustomed to.

We've included this particular resource in your website -- in your Moodle classroom site and not only the link to LNAP as an organization but to the study as well. As the example of accountability and I think John mentioned this, we have here the central emergency response fund of the UN. The acronym is CERF, but you're not going to find it to restate on Google. You'll find it on another that come up above this but it is essential emergency response fund. Of the UN. What's important about this is that it is really the first concerted effort to make to manage sharing assistance better in terms of timeliness and it is effectiveness for the affected country. So like the cluster system that we talked about yesterday, the CERF was born out of the aftermath of these are not me and Southeast Asia. Prior to this time, you can imagine how long it took to get targeted and financial funding to a country affected by a large disaster. First, agencies had to make the request then, for example, let's say WHO made request to the US government and that have to be approved. Then funds had to be transferred back to the Agency than the Agency had to get it to the affected country. It became a matter that it was not useful at all for any kind of immediate purposes.

With the advent of the CERF which is run at country level in the affected country and headed by the UN resident Representative and there is one in every country that is a UN member state and that is most countries in the world, he or she is the head of the UN Agency.

I'm sorry, -- CERF is cremated at country level by the UN resident Representative and it is much more equally distributed, the type of eight and the amount between agencies. The fund itself is replenished each year so it may start with I'm not sure the exact figure of how many but it tries to keep this much money in the fund. It is disbursed if necessary, replenished each year by contributions from governments and the private sector foundations and even individual. The interesting thing about this is that it has a financial tracking service attached to it so they is accountability. The way funds are reported if we just look at this next slide within the CERF there is a section you can see on the top bar underneath the logo, reports and evaluation. Here is the quarterly report for the second quarter of 2012. There also are links below if you scroll through that to the complete and all report for 2011. You want to use your chat session for a second and see if you can now let me say before we start chatting, you can imagine we are not talking about a natural disaster, we are talking about 2011. There are many long and protracted crises that the general public is not even aware of. I know you all, the type of work you do are aware of these things, so what country do you think was the top recipient in 2011 for funding from the CERF? In other words, to provide quick and sustained quick naked effort at the national level to alleviate the response so you want to use -- we've got Haiti. Okay. Then I would tell you something about this. China. Okay. I know we've got them to correct answers I see so far. I didn't know this myself

so we've got three correct answers. Okay. Good. Okay, the answer, the top recipient was Somalia because of the drought. And a surprisingly and not, eight of the top 10, eight of the top 10 are countries in Africa. The other two outside of Africa are Pakistan and Sri Lanka but Somalia because of the drought was the top receiver in 2011. So the food shortages, the food insecurity, those kinds of things. I learned something meeting through the report I would not have said some Ali and interestingly enough for those of you who said Haiti, even though in 2011 it was still the effects of Haiti and still today our still being tremendously felt, it is not even make the top 10. So I thought that was interesting. Probably because Haiti has a lot of foundation funding and other sources. CERF is used for emergency response and the critical first stages of a disaster and in the case of Somalia, it is constantly in emergency and first aid situation. Haiti is doing well and one thing we have to remember about this, Haiti did receive a lot of money after the disaster and it is every bit as challenging to spend the money wisely as it is to mobilize the funds. Sometimes the tremendous outpouring of support the country will receive will cause it internal problems and how the funding is spent.

Anyway, I thought that was interesting. If we go onto the next we talk about accountability and let's look at the advocacy side of things. I can remember when the UN and specifically the Agency that I used to work for used to think that they were advocacy was distasteful, not a dirty word, but distasteful. You didn't do anything to put forth your own interest or what it is you've done or future -- to your own horn, if you're. Things have, around and times are different and everybody has a presence on the Internet and in the Listserv and now Facebook page and many other things so things are changing. A number of a thing agencies do a very good job at some of the strategies that they use for advocacy, not for themselves this is early, but for the causes that they are espousing. This is the UN ISDR and I have to say there's little bit of disconnect between the acronym that John and I keep using which is ISDR and the actual name which is now and has been for only a few months, the UN office for disaster risk reduction. The ISDR refers to the old name, but the acronym became so well-known after 12 years that they didn't change it. But it is now known as the UN ISDR is now the UN office for disaster risk reduction but they do a very good job of advocacy and they have this campaign which is now running through 2012 is on making cities resilient. But they miss my city is getting ready. They have done a good job of targeting municipal level and local level mirrors and other local authorities, not the national, the realize this has to start from the decentralized local or municipal level and build up, so they are targeting these local authorities with this campaign and now today more than 400 cities have signed up for the campaign. They pledged kind of made a commitment to four major areas. To make commitment to know more about and commit to this idea of making their cities resilient. They've agreed to invest wiser or more wisely, they said Weiser, but in to build more safely. A lot of this is done through city -- capacity building efforts and they've developed handbooks and guidelines. Date to reporting and this is very important, I will show you an example of the reporting that they use in the tools for that. The build partnerships. Another critical think.

I'd like to just show you on the next slide you can see to the bottom of the slide where it says toolkit, this is not the entire homepage of the website but we will go to the toolkit here. Two or three things I wanted to point out here. I have a circle around this latest report here which we will talk about in just a moment, and below that is a handbook for mayors and local government

leaders on exactly step-by-step how they can make their cities more resilient. John was one of the authors of this handbook and I worked as the technical editor on it. So both of those resources are here available on this website. To the far right is the self-assessment tool which we will talk about in just a moment that is used as kind of a checklist. The countries themselves are rather misspelled these themselves as a local level can use instead of baseline for themselves in terms of disaster risk reduction and identify what still needs to be done. It is important because using that tool by 400 municipal level local authorities will give an idea of the standardized data that we can collect within an area. Then we can measure these advancements over time with the same type of information.

ISDR they just published this progress report that a circle but there and read, but I think John had something he wanted to add to this discussion.

Is just to reiterate what that was saying and take it to a higher level in terms of the value of ISDR. ISDR works both on the national government level and community levels. So you have you looked look at their resource a lot of community initiatives in risk reduction and again, that borders on or relates to development as well in multiple sectors. But they also work in their partnerships with national governments looking at trying to improve legislation and the promotion of risk reduction at that higher cabinet level. So again, with respect to ISDR and now had mentioned that the office for disaster reduction, the importance of that remember in one of my earlier slides, it started off from [Indiscernible] used to be the head of the National Academy of Sciences. E and that group back in the late 80s that recognize that risk reduction needed to be promoted and then the UN established this international decade frequently the UN picks times of years either this resilient program, resilient cities program started out as a two-year initiative and it was so successful now it is been extended to five years. That would tell you any minute about this safe hospitals initiative that was similarly developed. This was a ten-year initiative initially and it was so important that it became the ISDR which then standardized it within the UN system and didn't give it a timeline. Coincidentally, there was a major earthquake in Japan just as the review was coming up and this was the Kyoto earthquake of some 15 years ago, just as the reevaluation for ID -- was coming up. At the time I was extremely close to them working with them and everyone was worried because the signs looked pretty grim for whether or not the initiative would be supported. It was the earthquake in Kyoto that Kelvin eyes, that was a significant event particularly because Japan was so prepared and it was such a devastating earthquake. That was really one of the events that changed around people recognizing that risk reduction was important. ISDR was institutionalized and now even more institutionalized by making it an office, they have which reports to the Secretary-General of the UN. Pat?

Okay, so with the slide that's up on your screen you see that that report is highlighted. It is in your mobile site, but I thought it was interesting. First of all, because they are doing a good job of the timely production of information. They are not waiting 12 months to publish a report that with information that was quickly outdated. So I just wanted to explore that report for a second and ask you what you think and we can use the chat session, what do you think is the number one prerequisite that they identified as necessary for effective risk reduction? And other words, of all

the factors that go into making risk reduction effective in a city and municipality in town, what do you think is the number one prerequisite? The most important thing?

Okay. I'm wondering, that's great. Keep going. That's good. All of these things I would not have actually -- I would have guessed because we worked on the publication, but prior to this, okay, several people have put down very nation's of what the answer is. These are good. This is not a personal opinion or an institutional opinion of MLA or NLM, this is what they discovered in the research they did for public -- for production of this publication. Maribeth lead off with political leadership and I'm thinking she's either really smart or she did her homework and a look at all the slides last night, either way is great. That is, as you can see by the title on the left-hand side, study identifies political leadership is the number one issue so what do you call it political leadership, buying, many of you put commitment, you're all in the right direction for all of those other things are very, very important. The planning and communication and technology, all of these building blocks at together, but they found the number one issue when it comes to managing risk successfully was having the commitment, the political leadership at the local level. So maybe you want to take a look at this. It is in the modal site and I think it might give you something that you could quote to management in your own institutions about when you want to Institute perhaps a special section in information management on risk reduction. You can point to the need for political leadership.

In this whole realm of advocacy I'm going to touch on this quickly because this whole area of hospital safe from disasters or safe hospitals is something that we've done three the courses around. It is really impossible to touch upon it in-depth. But I just wanted to point out that it was one of the most successful topics of an international global campaign and really did so much to raise awareness of the issue of what it means for hospitals to be safe.

When we talk about safe hospitals we are not talking about things like the loss of medical records or patient errors or things like that. We are talking about protecting hospitals from disaster situations. It is geared around three pillars that we ensure that the health facility itself is structural you sound to protect the lives of the patients and people that work in these facilities. We showed you yesterday what happened in Haiti when they lost administrative health and which is technically not health facility but it was a help building. But I mentioned about the tremendous loss of life of not only patients but health workers in Mexico. So building codes and things like that are big part of the inclusion of structural engineers in any kind of planning work for safe hospitals is very necessary. Is not at full problem of the health sector, it is much broader than that.

Then we look at the issues of even if buildings themselves don't collapse, if they are apparently still standing, they are often not able to function. So we have to make sure that the health services can continue to be offered when they are most needed. Finally, we have to build the capacity of health workers. The people in the institution themselves as terms of preparedness and emergency management so well trained workforce is really critical in this regard.

Under the part of your modal site you will find all of this information. This is just quickly, I think we are running a little behind so I'm going to move along, but this is just a definition that it is internationally accepted of what the safe hospital is or hospital safe from disasters.

I just wanted to include one example here and there are several of how social media is being used to promote advocacy. This is called the creek the brick campaigns so for everybody who clicked on a brick expressing their support for safe hospitals, they would keep track your. I didn't see anything yesterday as I was going for this morning as I was going over some of the contributions you made in the assignment, but I'm wondering if anybody found any other social media campaigns or if they thought to use it. If it would be something that you think would be interesting? Perhaps that we don't -- we don't have to just the chat session right now because it would probably take a while, but when we look a little bit that kind of a take we exercise we were going to give to you, maybe it is something you can think about and I like to collect impressions of people about the effectiveness and the use of these kinds of campaigns.

Finally, just to wrap this up , this portal, it contains a great deal of information on vault -- aspects of hospitals and rather than including all of the documentation in your modal site that have gotten an really to begin with, we gave the link to this portal, but inside the portal here are some of the things that you will be able to find. If I could come I'm not going to go into great diesel about this because it is something that could occupy several days, if you notice in the middle in red, the hospital safety index, this is one of the most successful products and actually what the campaign was built around. It is an assessment tool that can be used by a team of evaluators in the hospital, low cost, easy to apply, can be done in a day or two and yields a score based on the Mount 150 questions that you ask a personnel and administrators in the hospital particularly yields a score on your level of safety and it points to the areas in which the hospital needs to improve in order to raise it. He has become -- the guide for evaluators and evaluation forms, they're technical but not too technical for any layperson to understand, but that's exactly the package that's used but there's a lot of other information in here about how you working hospitals can sell those concepts to the people that you work with.

So finally, I just included here in all of this is in the modal classroom as I mentioned, a guide from the international Federation of the Red Cross and [Indiscernible] societies on a global advocacy guide and you can see here there are many different areas that sometimes it is good just to have a reminder. How you demonstrate the benefits of disaster risk reduction. What public advocacy versus private advocacy. How can you craft these messages so they will get to the largest audience and then actually, they will be acted upon. So that to then is in the modal site.

Okay, this is the final part that I wanted to talk to you about. As long as most of us can remember there have been myths surrounding the causes and the aftermath of disasters. But for the most part, many of these have been dispelled over the years. Thanks to advocacy as we saw and thanks to a growing body of research. On the good side the advent of the Internet has made it easier and quicker to publish and disseminate information so we have this body of literature, but also the rise in use of the Internet and it is unregulated nature which is good on the positive side, but it is also lead to new myths that must be consistently dispelled.

Let's take a look at some of those myths and I just get the wrong button by mistake. The first one is this myth that epidemics are inevitable. After disasters. While there has been a lot of work done to correct assumptions about this, are you still -- you still hear things in the aftermath of major especially major sudden onset disasters. Of Fort Lee this was a scene from your [Indiscernible] after this and Ami in 2000 for. The topic itself is an emotional topic to begin with because when people associate the presence of dead bodies with epidemics and it leads many, many countries to perform mass burials or cremations and this has caused serious problems when disaster victims are hastily buried without being able to make a positive identification. Then the families that are left behind are unable to mourn and this does contribute quite a bit to the mental health and psychosocial support issues that we see after disasters. On a less human scale, there's also legal and financial implications when there is nobody and then no death certificate and there's a host of problems. The certainly the most serious of a problem are the human loss of having -- being able to bury the dead.

The reality is and this has to be made clear, cadavers themselves don't pose a substantial public health risk. If you have sudden onset disasters like the earthquake in Haiti or synonymy and yes, there was a warning period or this and Ami, but it was still -- because many people didn't hear it or didn't receive it was still considered a sudden onset disaster. But those sudden onset disasters will claim many more lives than slower onset disasters. If we assume most earthquake victims died from trauma injuries and [Indiscernible] or whatever, then we ended the same time we can assume the majority of people that are walking on the street at one minute aren't healthy, there's really no correlation between cadaver itself causing a communicable disease. It just has to reason that the presence of any acute infection in a victim of a disaster is about the same as in the general population so actually, the survivors are still walking around on the street are as much or more of a threat.

The problem is when public health systems break down in the wake of a disaster and people become more and more ill.

So there is a good body of research on this and there's a section in the modal site on the management of cadavers. Publication on the right is kind of an industry-standard. It was produced by -- and that it is joint the Federation of Red Cross societies, the international committee, the International Committee of the Red Cross and it really is widely used and quoted by international sources. There are several articles that we have obtained and included here such as the one on the map of academic of dead bodies which I hate to say, but it would be interesting reading but it sometimes things people don't think about and you may be asked about this afterwards.

Here's the section in the Moodle site. I'm sorry, this information -- this is process the wiper here because we ran out of categories in the Moodle site so it is under disaster myths. You will see you have articles and you'll see that the second from the bottom is that publication that I showed you on the screen.

Another myth that we see is that medical teams from outside the affected area was any kind of background what so ever -- we need medical teams. You can see why this happens because we see these dramatic images on the screen and the myth itself has become pervasive. But it is clear that there is a real desire for people to help and that's what really makes it difficult to dispel this myth. It is a really difficult balance.

But the reality is and I'm sure you know this, that communities themselves need the most immediate and life saving needs. Really it is only the highly skilled specialists that are needed after the first 24 hours. If there are life-threatening injuries or life-threatening attention that needs to be taken, the community or in affected areas not going to be able to wait for external aid, it takes too long. In other countries there are exceptions to this rule, but in Latin America, for example, there are also more than sufficient number of highly trained medical staff. In fact, in some countries there is even medical unemployment. So sending physicians to do routine care, the person at the top was vaccinated against tetanus after an earthquake and routine care like that really is not needed. On the contrary, over here on the right-hand side of the screen, can anybody use the chat session and tell me what they think that might be a picture of?

I will give you a hint, it was in Haiti. So we say communities meet the immediate needs. We need highly skilled specialists. The picture on the right, what do you think that is or where do you think that is?

It was in Haiti. Any idea? Looks like a pretty sophisticated hospital for Haiti itself so?

Somebody get it? Okay, very good. That is the US Naval SHIP comfort that arrived in Haiti from an awful Virginia about a week after. Look at that picture. Is that not amazing you would think you were in Fairfax County, Virginia or any one of our major medical centers. That is the US and as comfort which arrived there. Look at the quality of care that was being provided because you know in Haiti, the problem were the number of amputations that had to be performed, the victims of crush syndrome, they were tremendous in number. This hospital ship and other, many other skilled professionals that made their way to deal with that particular problem to Haiti was amazing. I think that is very good. Just a quick recap that on the left you've got care and improvised facility. This was a tent in because there were so many hospitals that collapse or could not provide services [Indiscernible] and there was the deck of the ship in Haiti receiving helicopter --

Those are the type of medical personnel that are needed. Dissection -- we will have to go it quickly, but we've got to make about everything is needed and it is it is needed now. You know the reality is that unsolicited or unneeded donations can do more to clog the system and lead to chaos than they can actually benefit things that are going on.

Let's quickly just take a look and these -- you have all of the slides in the Moodle site and the presentations, but if we think about three simple rules of donations, the right thing at the right place at the right time, then we will be able to put in perspective this whole issue. To rule of thumb regarding donations when it comes to the right thing is that what is being donated should

be required and appropriate for the situation and it should not be available locally. Because I mentioned and this is the case and most disasters that do not just me an entire country, it will do more harm to a local and a small local economy to import many items that are available locally then it would be to actually purchase them there.

A few of the things that we talk about not donating our clothing and food and blood and volunteers and I will come to that in a moment because we did have a couple of people who've made some interesting observations on the assignment last night with regard to that. But nothings completely black or white. That issue of volunteers is a very good one. Because there are volunteers that are needed, but what is not needed our volunteers that show up spontaneously in a country on their own with no affiliation to an organization that's already been present working in the country that was affected. And that may require housing or shelter or something that will actually divert attention from taking care of the disaster victim. So they is a lot of movement underway to either get get volunteers or in the case of medical personnel, to certify a former local teams to sure that they are actually contributing to the situation. In terms of volunteers or foreign medical teams, I remember a case where a medical team from a highly developed country and it was in the US, but it was a highly developed country went to the Minister of foreign affairs in a disaster affected country, this was Jamaica, and they said we want to send a team and at the level of the Ministry of foreign affairs the diplomatic level, they work with this arrangement to graph the Ministry of health it said we don't want any foreign volunteers here, but Ministry of health -- Ministry of foreign affairs, the state departments of the invention this down so the team from this developed country showed up and Jamaica and the Ministry of health did put its foot down and they said we don't have the link which was an issue --" issues, the state of Jamaica at the time was an issue so they put the foreign team that was highly skilled to work cleaning the hospital. And they willingly did it, but it is an example of you got to know when you're needed and what is going to cause more problems. Swiping John stole the thunder a bit but let's see if people were listening to him earlier. What might be the best thing you could donate? Do you want to use the chat function for a moment? He did mention it earlier at the beginning of this presentation.

John's very happy bunny and it is just one of the most flexible things that you could give. Very good. Money, Money, Money. [Laughter]. Okay. So if people ask about -- what about pharmaceuticals? What about medicines? What about things like this? Kathy mentioned blood. That's great in the US. It is not so great an international context so yes, your right if we are thinking about a disaster, but in your component -- community, definitely could be thinking about a disaster in the country I should've specified that's what we are going after. Anybody asks you about donations a pharmaceuticals, here are two publications for both of which are in the Moodle site under two minutes period eight and donations. Especially look at the WHO list of essential drugs because while you may not think that a certain drug is necessary to treat the disaster, what happens is that a country depletes its normal stock of drugs dealing with the disaster so anything that can be done to replenish them is what is needed. You know that what you donate that's on these lists will always be needed.

Here is a PAHO site with some corporate goals and guidelines for drug donations and other information. I'm going to this quickly [Indiscernible - low volume]. We talked about the right thing.

You've got the resources for that. The right place and this is to make the point that in the country itself that's affected people are there and immediately to help. But on the left if that the international assistance that's arriving in terms of supplies and all and it is held up at either the border crossing or at a port or an airport and it is not getting to where it is needed so there are inevitable bottlenecks and that's that slide represents because we have to take that into consideration when we think about what it is we are going to donate. Finally, at the right time. Remember that the Lays, you can get within the affected country itself you can get assistance to the site within two hours in neighboring country which is also well-positioned to help because the usually share a language and the culture, within 24 hours of the international community is going to take longer to get things there. I have a question. Sometimes I don't mind making a cash donation, but with all the Agency I would never have been able to stop from being bombarded with requests for more money. That happens and not disaster situations as well to go is there anyway I can donate one-time and not receive continuous requests for more donations from the Agency's?

Not likely.

I think the sign of the Times. We have so many more sophisticated databases and I get this just when I give to not in disaster situations. When I give to a number of charities but I'm called every week and I just have to say to them, I set up a timetable for myself, I know how much I give each year. So I don't know what the answer is to that., but it is a very valid question.

When we talk about considering what your going to note -- journey and making sure it arrives at the right time, this is probably one of the best examples and it is the foreign field hospital.

How these sophisticated, field hospitals that are dispatched to a country, no doubt are worthwhile, but you have to remember they are not going to arrive in time to save lives. This is the page from within sight of publication and it is a very good guide, but it is not often used because this is not the same -- these are for government. Where not going to have individuals join a -- donating a field hospital but you can take a look at this and people may be asking you for device or for sources of information on this. It illustrates about what to think about for the donation of field hospitals on how a country has to be able to maintain a hospital after you leave. There was a notation in El Salvador where hospital our country left a very elaborate field hospital and it cost -- cost the government \$7000 a month just for the electric city to cool it. This was in a very warm climate and the government couldn't pay for that so as I say, it every give has a cost to the recipient country and those are things we might have to think about.

Kind of wrapping this up, very good website on how to be the better donor. That is on the Moodle site under humanitarian affairs. The last minute kind of is that things are back to normal in just a few weeks and fortunately, this is true in most disasters. You can see your pictures of the vegetation has returned, people are going about their everyday business, but the reality is that the effects of a disaster linger long after we stop seeing those dramatic images. Many of them are just because they are not something things that sells news, water systems that that are broken or on the left, this is ash from a volcanic corruption that still [Indiscernible] Ecuador for months afterwards and caused severe respiratory infections in children but are all of this kind of brings us

back full circle to the issue of risk reduction. Which is why in these periods of reconstruction and recovery we have Windows of opportunity to put the measures in place to make this cities and countries themselves less at risk. And hope it doesn't happen again. So I know we through quite a bit there in terms of information and different websites and I hope that it is something -- I'm sorry, this is the report we had their. But we did want to leave you and I will turn this over to John, with the exercise and a couple of questions.

Hello again. This is really the early one was as an exercise for yourself and it still furthers we think you've gone a long way so essentially you've already done this, but it is kind of finalizing your kind of view and I'd like to think and we'd like to think that by the end of these two days your view of your constituents might be and who they are interest might be or what their interest might be have expanded. So keep those and my. Maybe play around with that list a little more. Certainly go to and use the Moodle resources as most of you did with your homework. And we would be happy although the class is over, we'd be happy to continue to communicate with you in the second at the end of the last slide here is my e-mail address and pads e-mail address. We'd be happy to continue to communicate with you if you have questions about that exercise. We also would encourage you for your benefit and frankly for our benefit as well, for the benefit of the class, we include them on the Moodle site. If you can come up with some of your own additional myths and realities about disasters, there's certainly more in particular if you send those to Pat, but if they get to any of us we will make sure that they get to pat and we will synthesize those and make sure they are on the Moodle site and maybe they might even find their way into the next publication on myths and disasters.

So we have minus five minutes of time so this will be a challenge. But as we did yesterday, if those of you we understand that some of you have to leave in the interest of time, but if we can answer any additional questions, some of which we've had some interesting questions here on the chat site, we will follow those up, some of those deserve following, others we've answered and if you'd like to add anything, an idea from you, some feedback, we presume there will be some sort of feedback loop to let us know what you thought of the course and any additions that you think might make it more valuable for the next time. We are really disappointed that -- we're happy we can use the technology in the former life back when I used to work for AID and the rural satellite program I work with AID and NASA on the development of a communication technologies that lead to distance learning, and this is frankly the first time that I've given a course and used it myself. It is great, it is what we had hoped would come to pass, but it certainly doesn't substitute for being in proximity, physical proximity with a 50 of you. You've been great participants as judged by your chat and your homework assignment. We hope that sometime we might meet you individually. That's all from me, Pat?

No, I also wanted to say thank you or much. I hope you will think about some of these questions and I know it will be sending out a formal course valuation, but from a one-to-one or one to two standpoint, if you want to add anything else, anything that we can help you with identify and other sources, things we glossed over too quickly. We really appreciate the sources of information you included. I see there's a comment that bill said about sharing the homework assignments. You know what, I will do that. I will take them out of e-mail that we have so that they won't have

people's names. And I will probably increase the name if it is on a Word document and I think that would be a very good idea to share those because there were some very nice suggestions on there.

I have a couple of questions for Deb. This is [Indiscernible], there were questions about how long the Moodle site will be up and then also someone wants to know if we -- we are happy to put the PowerPoints on the Moodle page if Moodle can accept PowerPoints that are that big.

Right now we have plans to keep the Moodle site up to the end of the year and also into next year. The isn't really a plan to take it down because we are offering a course on demand. So we will have that Moodle site up for as long as you need to use it. You just need to make sure that you use on a regular basis otherwise you're name might be bumped off of it but you can still get access to it. You just login and again as a guest.

[Indiscernible] will have to deal with and we will get back to people.

Right now, the slides are up as a PDF, is that correct, Pat?

Yes.

And they look at because they are in handouts [Indiscernible] PowerPoint for people to reuse, is that correct?

Some people are saying some of the things on the PDF are hard to read so we will deal with that issue and try to get a clean copy onto --

Sure, we can do that.

Yeah, okay.

Yes, we will put up a cleaner copy perhaps one by one and the reason they were compressed as a PDF was because of the size. Many of those pictures are several megabytes large and it just made such an unwieldy size. I think each PowerPoint of the one and a two were each in excess of 26 or 28 megabytes so we compressed them and PDF files but we can do it better by not doing three per page and you're right, you can see some of the URLs and all that are in there.

We can put that together and put them back up there and have that.

So again I reiterate that we would be glad to keep in touch with anybody. John, -- the slide with our e-mails at the end. We'd be glad to hear from any of you.

Have a great weekend.

Okay, thank you very much.

Thanks, John and Pat.

[Event concluded]