



DISASTERS

It was more than fifteen months ago that discussions began on the preparation of a special issue of *Disasters* on Latin America and the Caribbean. In the intervening months, three major disasters have struck the American region — an earthquake in Mexico that killed more than 10,000 persons including entire families; a mudflow triggered by a moderate eruption of the Nevado del Ruiz volcano in Colombia, leaving 23,000 dead and thousands trapped for twelve hours or more in mud and debris; and, as we write this editorial, an earthquake in El Salvador with a death toll, rising day by day from an initial estimate of fifty, to more than 1,000, leaving most of San Salvador's health services severely damaged.

For almost ten years now, the health sector of Latin America and the Caribbean has undertaken an intensive regional effort to increase awareness and prepare and train its personnel to face these situations. Thanks to these activities prior to the recent disasters, unavoidable confusion and loss in their aftermath have been brought under control more promptly.

These latest experiences stress, once again, the importance of knowledge and information in formulating an appropriate disaster response. This knowledge includes anticipating, prior to the disaster, what problems should be expected in the aftermath, what solutions have worked in the past, and

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supplies, staff and resources becomes pointless if information on the magnitude of the problem, the outstanding needs and the rational order of priorities is unavailable or ignored.

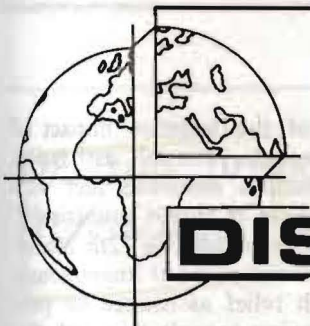
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These latest experiences stress, once again, the importance of knowledge and information in formulating an appropriate disaster response. This knowledge includes anticipating, prior to the disaster, what problems should be expected in the aftermath, what solutions have worked in the past, and more importantly, which have consistently failed to work.

During an emergency situation, gathering and disseminating information becomes one of the most critical tasks. Unfortunately, at the same time, reliable information often becomes more scarce or lost in the midst of rumors and stereotypes. Thus, although national resources are generally sufficient, access to these

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supplies, staff and resources becomes pointless if information on the magnitude of the problem, the outstanding needs and the rational order of priorities is unavailable or ignored.

Disaster management is, first and foremost, information management. Logistical management then follows. And the common denominator of successful cases of well-co-ordinated disaster management is the proper collection and dissemination of relevant information. Conversely, insufficient or inaccurate information can be detrimental to the handling of an emergency. For example, impressive

accounts of tons of goods airlifted from one corner of the globe to another, or field hospitals and medical teams dispatched to the disaster site receive worldwide attention. However, the public is conveniently left ignorant of the fact that this assistance was not needed, inappropriate or simply at the wrong place at the wrong time!

From a scientific point of view, saving perishable data and recording objective observations during the first days of relief operations is essential. This will serve as the basis for post-disaster reflection, evaluation and future planning.

Much has been accomplished in the last decade to make many people in the international community, particularly in the health field, sensitive to the need for heightened awareness, planning and preparedness. What is needed to round out the picture is a greater involvement in the field of disasters on the part of the scientific and academic community, particularly in evaluating outside assistance. This involvement will benefit all by serving to create an "administrative memory." Discussion of these issues among the medical community, through this journal and other publications, will counteract the most tenacious myths, still widely accepted, such as the inevitability of epidemics in the wake of a disaster or the hopeless dependency of the affected population on outside assistance.

Several organizations in the health field, among them the Pan American Health Organization, have accumulated knowledge and disseminated information on past disasters. However, the regrettably small number of full time researchers or scholars interested in disaster epidemiology becomes a double-edged sword — their scarcity makes their contribution quite critical while, at the same time, this scarcity deprives the disaster community of a system of checks and balances and scientific scrutiny, and makes changes slower to occur.

Universities and schools of medicine and public health, not only in developed nations but also in disaster-prone countries themselves, must become active partners in pursuing the goal of creating and transmitting a sound body of knowledge on disaster preparedness and management. We must not let the experiences gleaned from past disasters in Latin America remain dormant in the minds of a few who were present at the time, only to be recalled should disaster circumstances so dictate. These experiences must be translated into critically analyzed publications. We call upon the scientific and scholarly community to join in this effort. Sharing of information of any type, but particularly in a field that is notable lacking in published documentation, is the cornerstone for the education of future generations of health professionals.

At the risk of repetition, the scientific community also must direct its efforts toward the general public in disaster-prone countries as well as in traditional donor countries. A lack of knowledge is the main cause for the so-called "second disaster" brought about when uninformed medical or administrative leaders base decisions to donate or accept assistance on the traditional clichés mentioned earlier or on the advice of self-appointed experts.

Aware of the negative impact of unco-ordinated external assistance, Latin American countries met with representatives of donor countries in Costa Rica from 10th to 12th March 1986 and recommended unanimously that health relief assistance be provided following consultation with the health authorities and in conformity with the guidelines of the World Health Organization/Pan American Health Organization.

They urged donors to refrain from collecting medical supplies, clothing and other welfare items or from sending unsolicited medical teams or mobile hospitals which constitute, in the opinion of the Meeting's participants, an unnecessary burden on the relief effort as demonstrated repeatedly in past disasters.

Consequently, competent researchers and scientists should share their findings not only with their peers by publishing in prestigious journals, but also with the general public through a better use of the mass media. The advanced state of technology in communications, which allows people worldwide to become personally and deeply involved in a disaster should, at the same time, be used to inform and educate people everywhere to face disasters at home or abroad.

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