

# Why Have We Not Learned from What We Have Learned?

*Mary Birnbaum*

Emeritus Professor of Medicine and Physiology, University of Wisconsin

President, World Association  
for Disaster and Emergency Medicine

# Outline

- Problem
- History
- What's Missing?
- Why No Changes?
- Creating Changes
- So What?

# The Problem

- The same errors, inappropriate actions, delays are the same today as they were 10 years ago.
- Many, many, many recommendations have been generated during analyses of disasters--few have been implemented.
- Predictions have predicted!



# The History

# Hurricane Mitch (1998)

## *Needs Assessment—Conclusions*

1. “Governments and local structures **must** be involved at all times for the needs assessment process to be useful and relevant.”
2. “**There is a need** to standardize an easy-to-use, sectoral format for emergency needs assessment, thereby avoiding duplication in output.”
3. “On-site coordination of needs assessment **is essential** for the process to be reliable.”

# Hurricane Mitch (1998)

## *Needs Assessment-Conclusions*

4. “There was no single focal point for data coordination....”
5. “*There is a need* for the development of scientific methods and evaluation techniques [for needs assessments]”.
6. “NA exercises ... can be manipulated to serve personal or political interests.”

# Hurricane Mitch (1998)

## *Needs Assessment-Recommendations*

1. “The governments and local authorities **must** ensure that the international donor community’s response is based on reliable and verified needs assessments.”
2. “Whenever possible, needs assessments **should** take place at the local level as part of a structured, official, emergency management system. Governments should be supported in strengthening or creating such systems and be responsible for providing suitable training, information, and tools...”
3. “Governments **should** develop and test...standardized methods and procedures to ensure NA are timely, accurate, and objectively conducted.”

# Hurricane Mitch (1998)

## *Needs Assessment-Recommendations*

4. The results of rapid NA undertaken by external actors *must be* transferred to governments and sectoral institutions....

# Tsunami (2004)

## *Needs Assessments-Conclusions and Recommendations*

1. “Needs assessments **are essential** for decision-making and for the development of plan to meet the needs and priorities for allocation of resources.”
2. “There was an **absence** of coordination between different partners.”
3. “Results **must** be made available to all of the stakeholders.”
4. “Competence **is required** to conduct NA.”
5. “Standards for NAs **are required**.”

# Hurricane Mitch (1998)

## *Coordination-Conclusions*

1. “Often agencies work in an independent, uncoordinated manner resulting in delays in effective assistance.”
2. “Lack of information or inaccurate information impairs coordination or renders it ineffective, inefficient, and more costly.”
3. “Often communities and civil society are not involved in planning.”
4. “Coordination by a single, national institution should strengthen the government’s ability to reach outside of the disaster area.”

# Hurricane Mitch (1998)

## *Coordination-Recommendations*

1. “All disaster planning and response activities should be coordinated through a single, national institution.”
2. “Information systems must be developed and implemented at the national level...”
3. “Coordination is a continuous process involving all actors at all levels on a daily basis.”

# Tsunami (2004)

## *Coordination--Conclusions & Recommendations*

1. The experiences of Aceh and Sri Lanka have shown that if uncontrolled, numerous agencies can go to affected areas and work in total independence, often duplicating efforts and sometimes doing things that may be harmful. Efforts to control and coordinate such experiences must be expedited to ensure that this experience will not be repeated. This will require the development of standards and specialized education and training programs for the responsible governmental agencies.

# Perceived Preparedness for a MCD in the US—A Survey

- “...there have been some improvements in preparedness and responses, concerns center around the perceived lack of resource capability or lack of ability to get the resources to the MCD disaster scene in time to meet requirements. Such perceptions by experienced professionals warrant further review and by those at all levels of government responsible for planning and responding to mass casualty disasters.”

Glick, *PDM* 1998

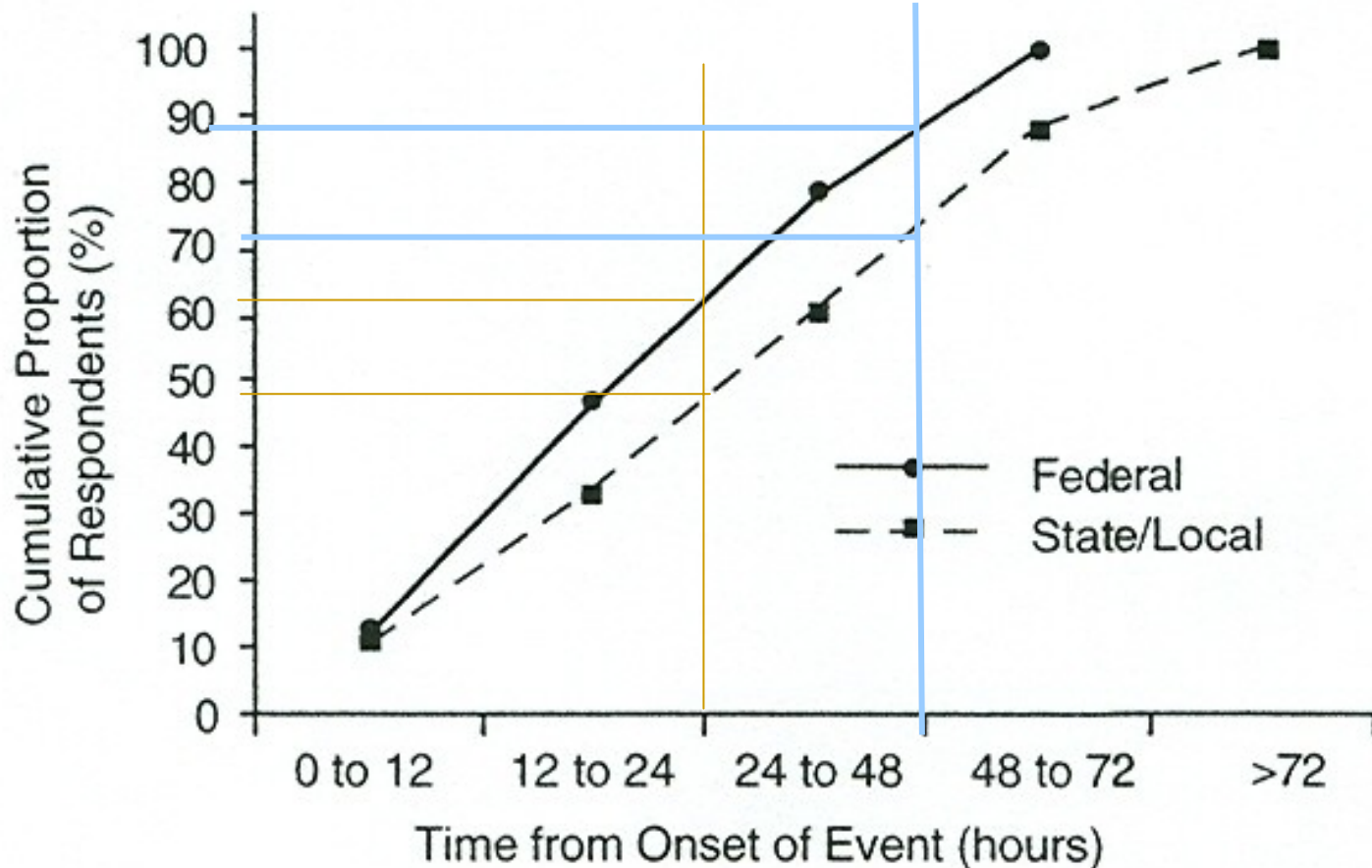
# Perceptions of adequacy of medical responses to 30,000 casualties

	Local Resources		State Resources		Federal Resources	
	Federal	State/Local	Federal	State/Local	Federal	State/Local
Fully Adequate	12.5	22.4	12.5	18.4	50.0	28.6
Minimum Adequate	37.5	46.9	46.9	36.7	37.5	36.7
Inadequate	15.6	16.3	21.9	20.4	3.1	6.1
Very Inadequate	28.1	10.2	6.3	8.2	3.1	2.0
Not Know	6.3	4.1	12.5	16.3	6.2	26.5

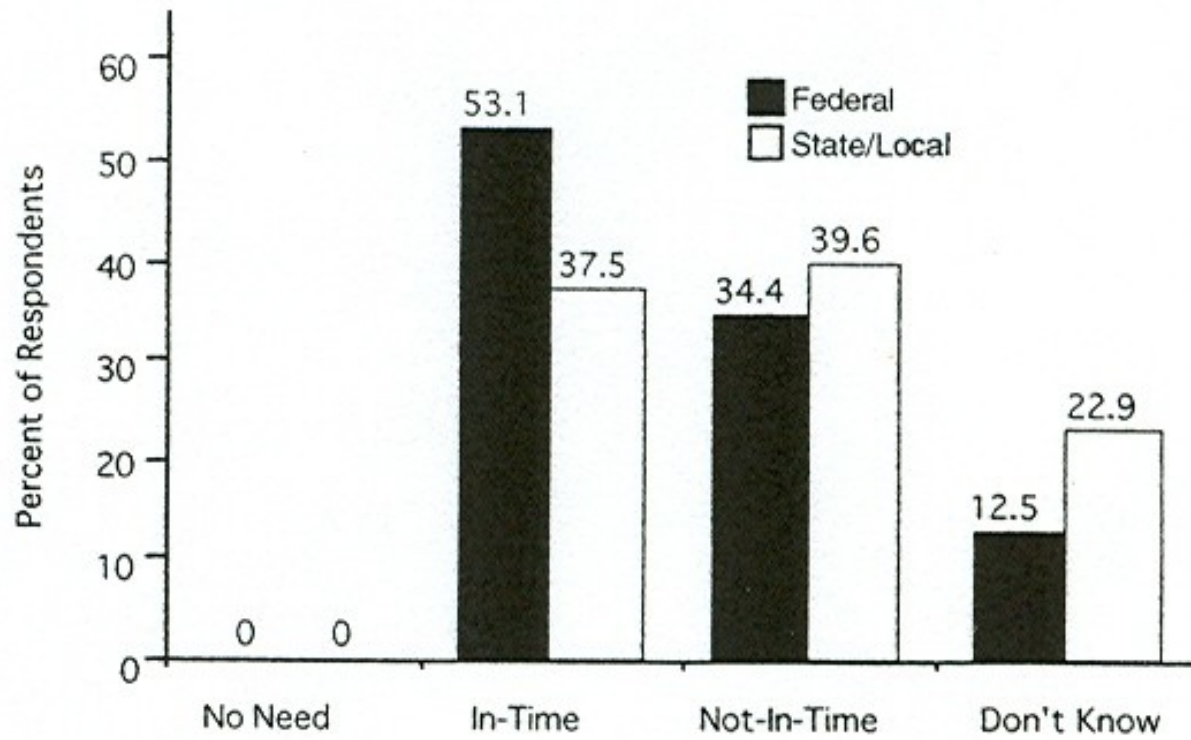
Prehospital and Disaster Medicine © 1998 Glick et al

**Table 4**—Perceptions of the respondents as to the probable quality of the definitive care provided to 30,000 casualties

# Estimated Time for Federal *Field-Rescue* Resources to Become Operational

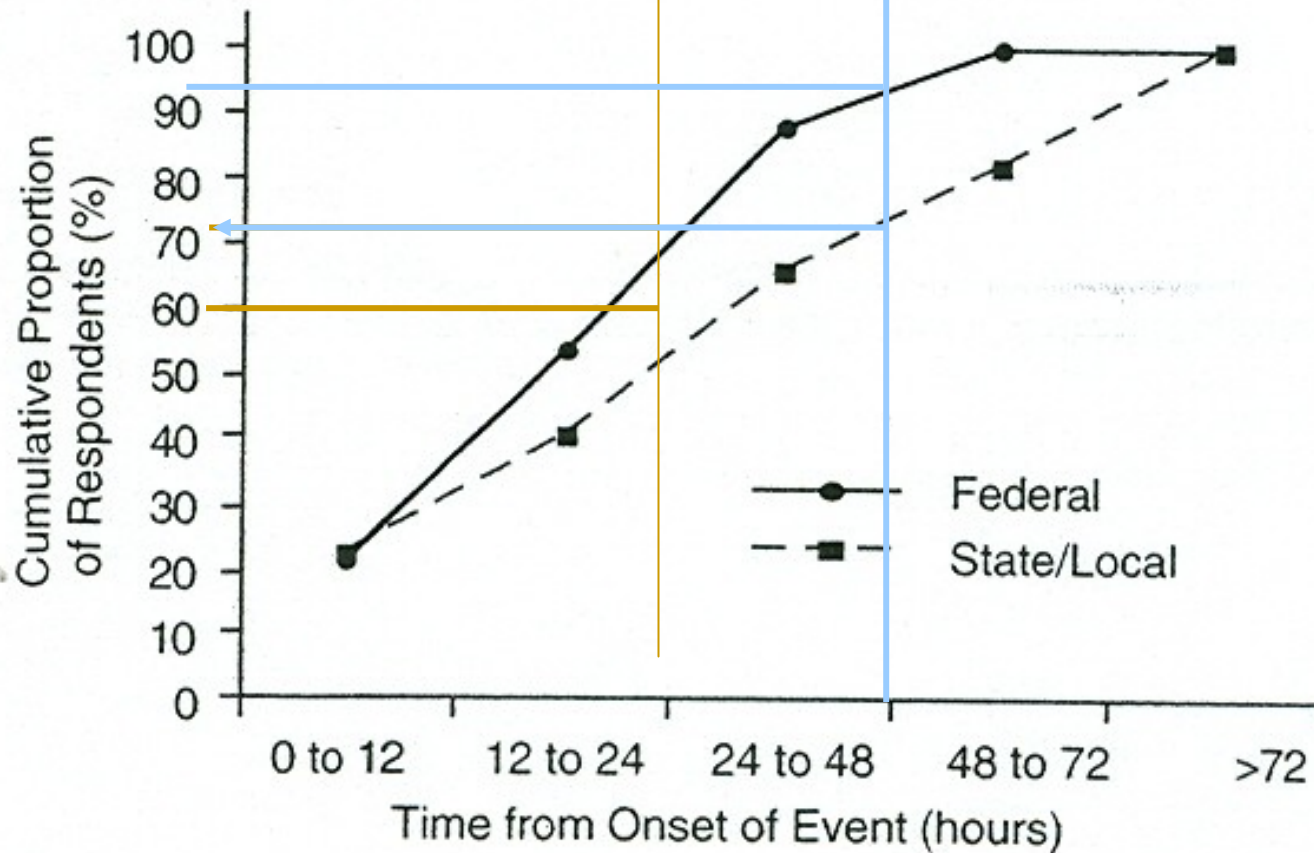


# Perceptions of federal *field-rescue* resources will arrive “in time”

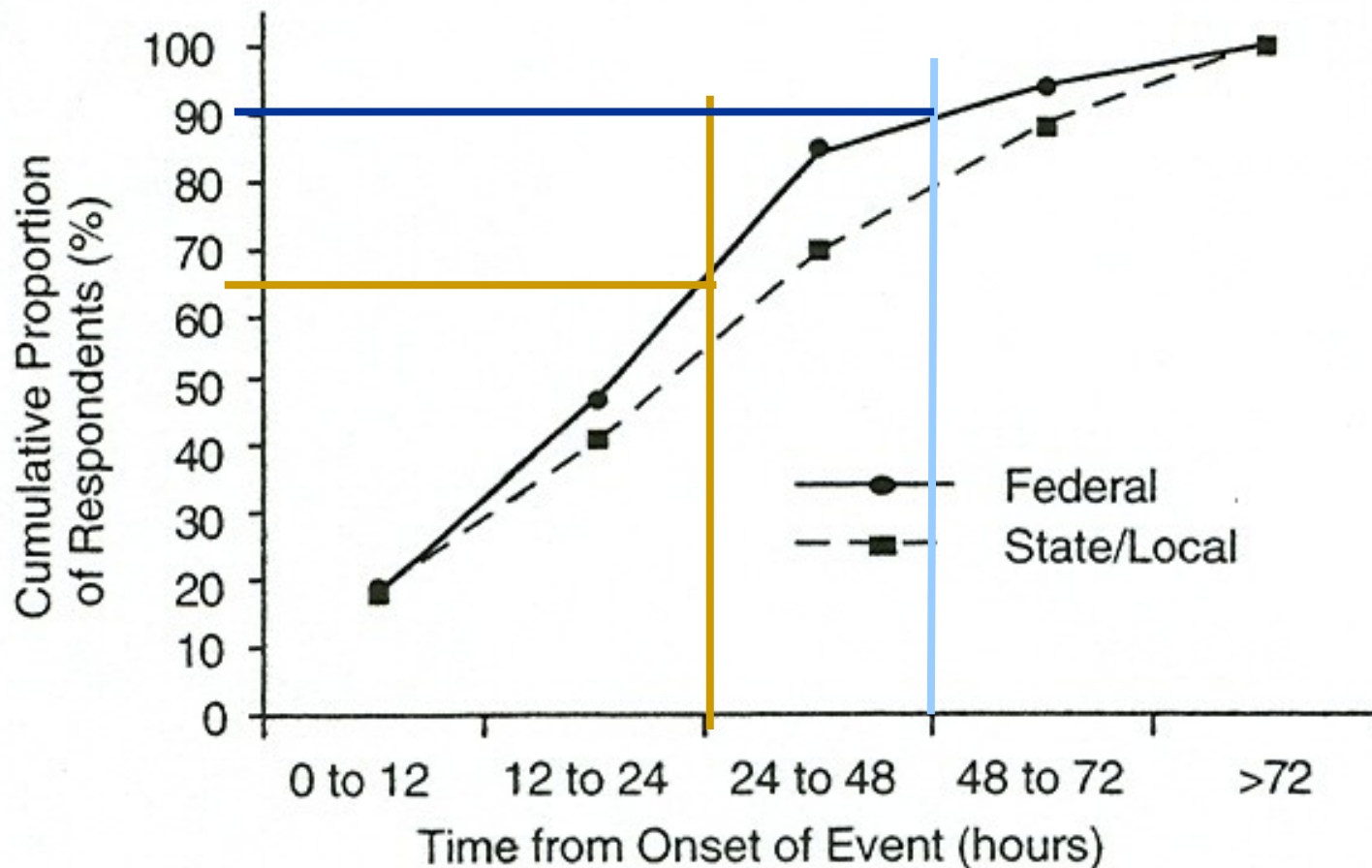


Glick *PDM* 1998

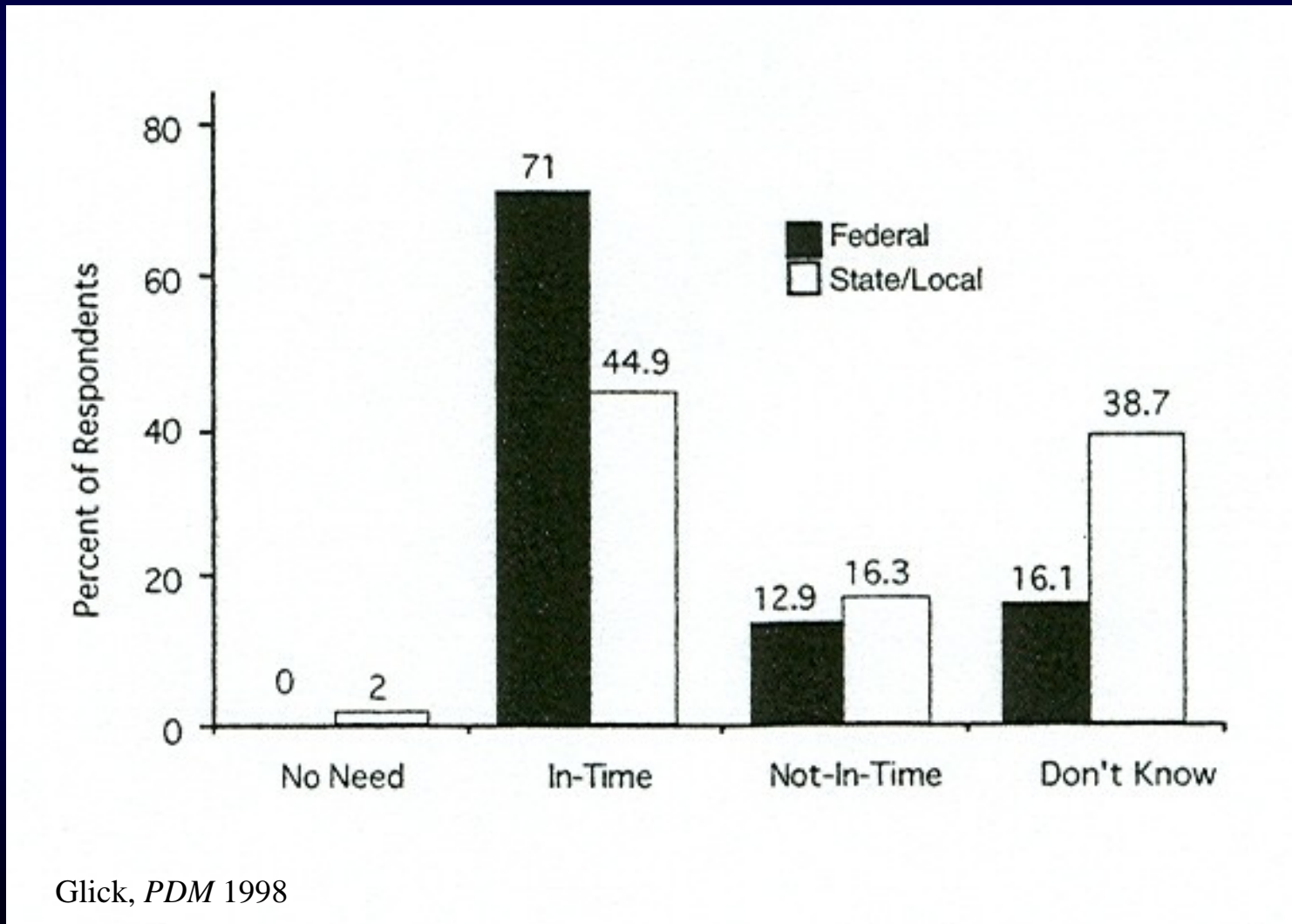
# Time estimated by Federal, State/Local respondents for *federal first-aid* to become operational



# Time estimated for federal assistance in *casualty evacuation* to become operational



# Perceptions whether federal *casualty resources* would be operational “in time” to be of benefit to stricken area



# What's Missing

- *No* Regulation
- *No* Single National/International Coordination and Control Centers---Confusion
- *No* Control of entry
- *No* Standards of Practice
- *No* Educational Objectives
- *No* Uniform Structure
- *No* Credentials
- *No* Universal visas
- *No* Structured Research/Evaluations of Interventions
- Perpetuate myths

# What's Missing?

- **ACTION!!!!**
- **Lots of Recommendations,  
BUT NO ACTION!!!!**

# Why No Changes?

- Too nice!
- No structure to our evidence—hard to collate data and interpret into reproducible, accurate, valid information
- Hard to build a case even though we know better
- NO advocacy group
- NOT Politicians

# Why No Changes?

- Know the problems, but don't know how to effect change
- Other jobs
- Decision about what we do have been politically based
- Resource distribution is not based on Science (evidence)
- Resource distribution is based on perceived risks, not on real risks
- Passive-aggressive
- Not built an Advocacy

# So, What Can We Do?

- Structure future research/evaluations to build evidence
- Force what's already been done into a useful structure that is accessible.
- Credibility
  - Professionalize and credential
  - Build an advocacy group
- Move from a *squeak* phase to a *yell* phase

# So What?

- Capitalize on other people's misery!
- Build and advocacy at all levels—start at local level—NOW! Advocates deal with politics
- Professionalize
  - Standards—best practice
  - Educate and train
  - Credential
- Position—Base what WE do on medical grounds—do not engage in political arguments



*Thank You!!!!*

**Questions?????**