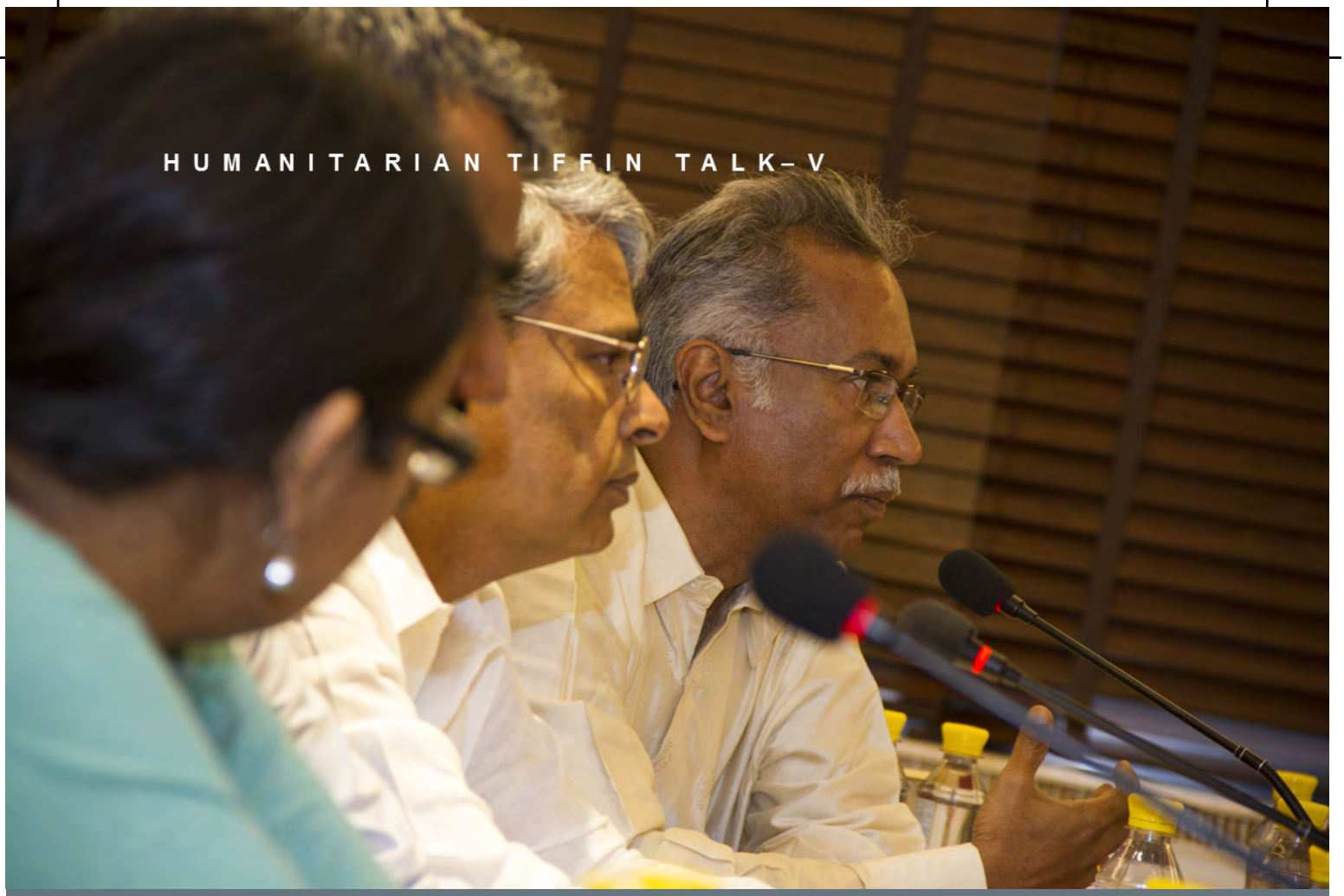


# Rapporteur's Report

PANEL DISCUSSION

# PUBLIC HEALTH DELIVERY

## *in a Post Disaster Scenario*

Saturday, 9th May 2015
Tamarind Hall, India Habitat Centre,
New Delhi

*Organised by*
International Committee of the Red Cross,
Regional Delegation for India, Bhutan and the Maldives
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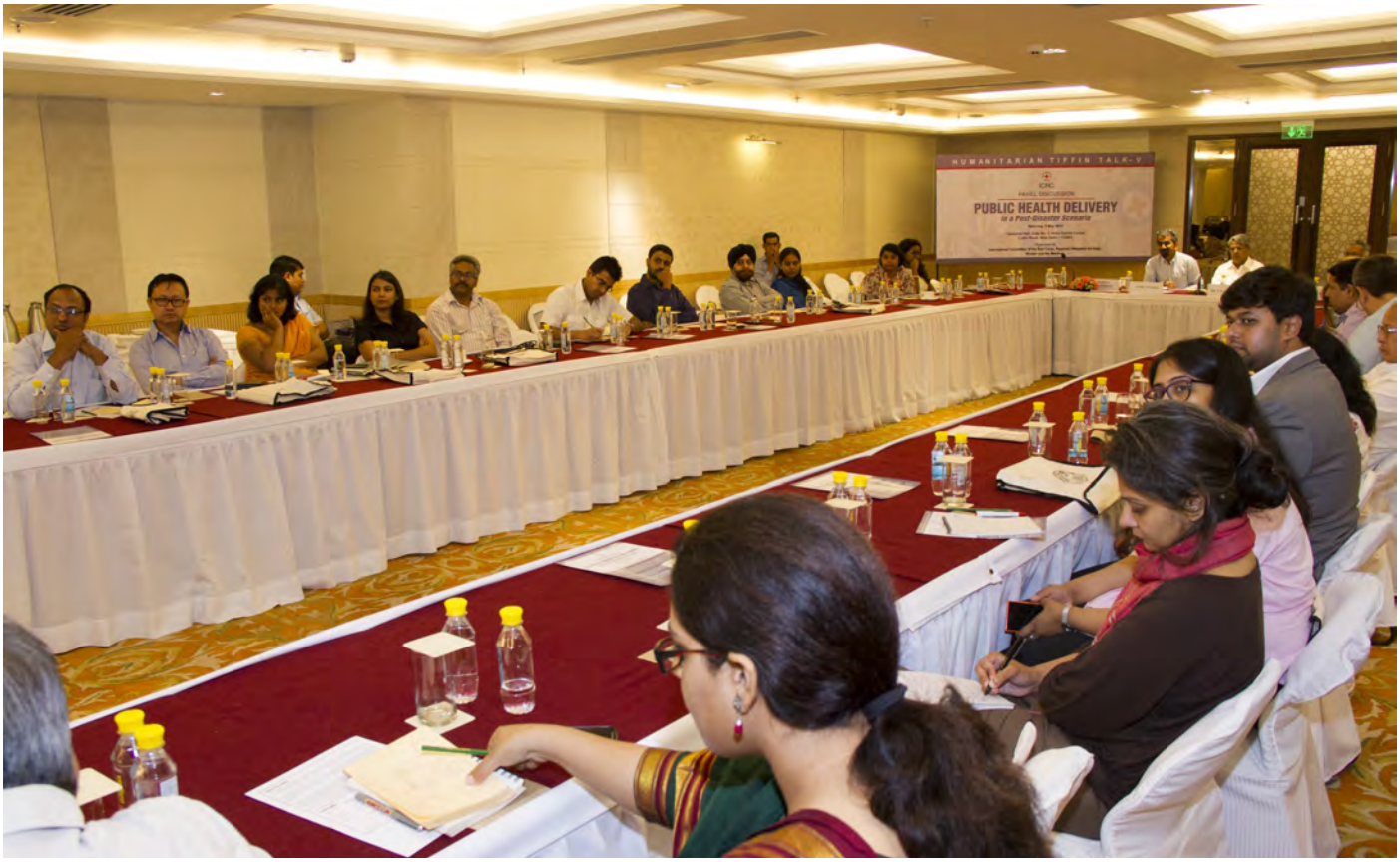
ICRC




*Experts in India came together to review emergency preparedness and response in the South Asian region and how to sustain any on-going public health intervention and provision of relief*

# Opening

The session began at 10.20 am with welcome remarks by Surinder Singh Oberoi, Political and Communications Adviser, ICRC Delhi. He welcomed the speakers and all guests and expressed the appreciation of the ICRC to them for finding the time to attend despite it being an event holding on a Saturday morning with soaring temperatures. He affirmed that it's the 5th Tiffin Talk and briefly explained that the aim of these talks (four having being previously held) is to act as a platform for generating workable ideas that can help surmount humanitarian problems. He cites the example of the ICRC which has grown over the past 150 years to become quite experienced through its operations in difficult situations across various countries and how it therefore facilitates the engendering of ideas and the dissemination of proffered solutions to challenges encountered in the humanitarian space.

In disaster management today, it is becoming clear that experiences garnered during multi-sectorial humanitarian interventions are being leveraged to ensure an improvement. While this does not suggest that strategies employed elsewhere are imposed into other contexts, it does encourage the sharing of those experiences and their adaptation to suit the context into which they are to be applied.

After setting the tone for the day's session, Surinder proceeded to introducing the Chairperson and Moderator, as well as the Speakers as follows:

## Moderator/Chairperson:

**Dr. P. Ravindran**,

Director, Emergency Medical Relief, Ministry of Health and Family Welfare

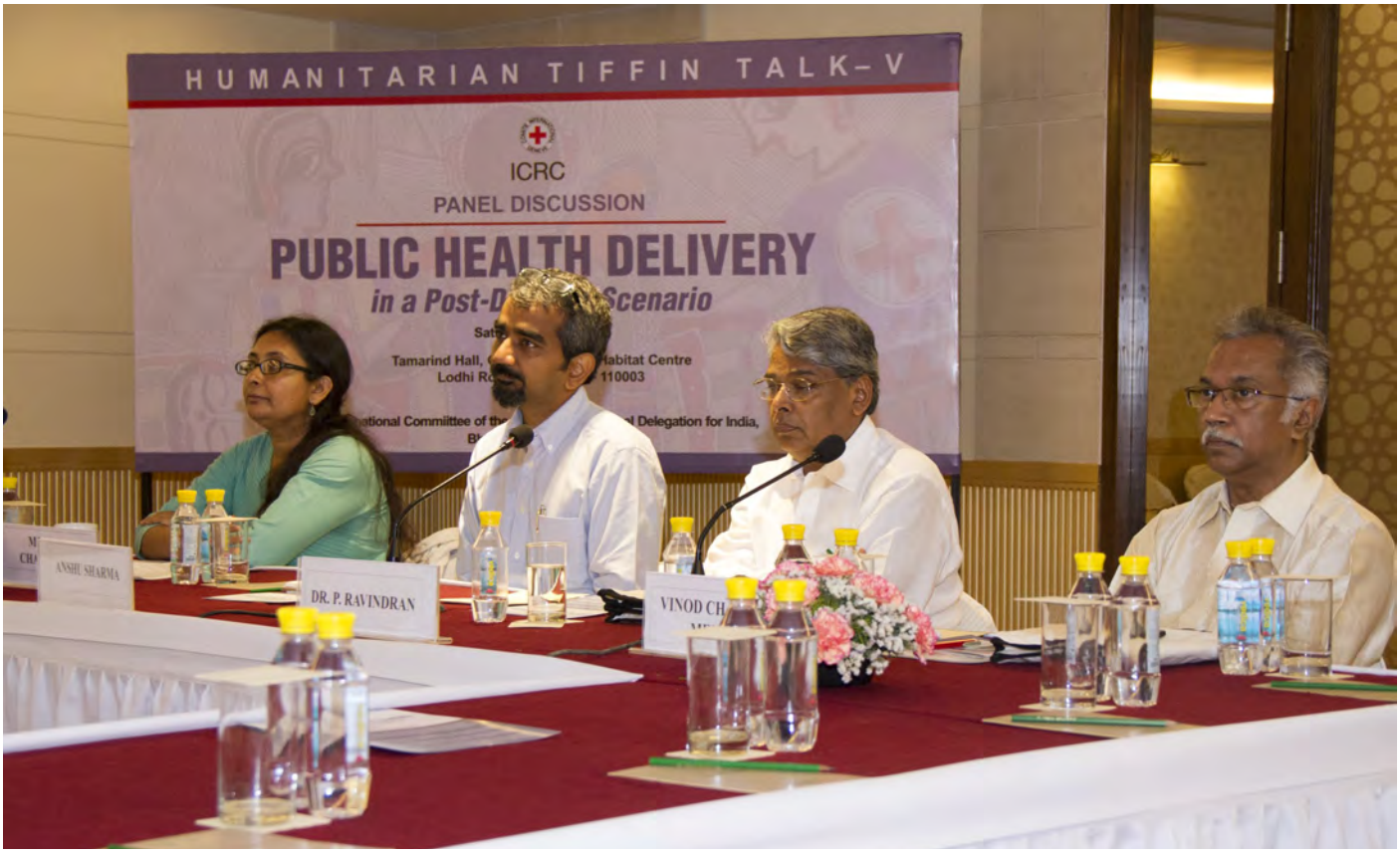
***Speakers:***

**Professor Vinod Chandra Menon**,
Founder Member, NDMA, GoI
**Dr. Anshu Sharma**,
Co-Founder, Sustainable Environment and Ecological Development Society
**Mohuya Chaudhuri**,
Research Associate, JNU & Senior Health Correspondent

***Project Consultant:***
Ms Gayathri Sreedharan
***Rapporteur :***
Adebayo Olow-Ake, Communication Coordinator, ICRC New Delhi

## Remarks by the Chairperson

The Chairperson welcomed all present and invited them to introduce themselves. This being done, he requested all present to observe a one-minute silence in honour of those who passed on during the devastating earthquake in Nepal. That being observed, the Chairperson volunteered the opinion that many who would have liked to attend the Talks are currently involved in responding to the emergency occasioned by the earthquake but expressed the hope that the proceedings of the session would be compiled and made available to them.




*The panel (Right to Left) Prof Vinod Chandra Menon, Dr P Ravindran (Chair), Dr Anshu Sharma and Mohuya Chaudhuri*

Speaking further, he acknowledged that the idea of the *Tiffin Talk* is new to India and expects that his understanding of it will get clearer as time goes on. The Chairperson further said that for a long time, responses to disasters in India were ad hoc and that was why Government established the National Disaster Management Authority to ensure a systematic and holistic response to the management of such occurrences. He expressed delight that Professor Menon, one of the speakers of the day, is a Founder/Member of that agency.

## Presentation 1

**By Professor Vinod Chandra Menon,**
Founder Member, NDMA, GoI

Professor Menon thanked the Chair and the ICRC for inviting him and acknowledged like the Chair had done, that a larger number of professionals are out working to provide relief. He noted that the audience is made up of experienced people whose insights and expectations he would welcome. According to him, India has a large public health infrastructure-one and a half lakh of health centres with a massive network of facilities. However the service delivery, the attitude of people, and the efficacy and efficiency of those facilities leave much to be desired. These are issues that will need to be considered when talking of mass casualties in disaster situations. He believes that the infrastructure is inadequate and would face a challenge if a mass casualty situation occurred. He gave a breakdown of the populations each health facilities is supposed to serve to buttress his point.

According to him, India has 387 medical schools—180 publicly-owned and 206 privately-owned and run, however he said the utilisation of those existing facilities need to be looked at before setting up new ones to avoid duplication. He went on to explain the challenges in terms of the scale of the effort that would be needed in the event of a mass casualty situation. Citing the example of the Kosi floods, he averred that the emergency services evacuated 100,000 people but through smaller boats which took a longer time to accomplish. Going back in time, he cited the bubonic plague which occurred in 1665 and suggested that many centuries later, there are still issues with being able to access potable water in normal times, even in the city centres, not to talk of rural areas. With the millions of people who live in these places, there could be worse situations during disasters.

Citing Nepal as example, he wondered why the authorities there asked international relief teams to leave, though there are still many people in need of help. In the Haiti earthquake, 10,000 people died and last person to be rescued was taken out 28 days after the incident. Professor Menon emphasized the fact that these examples point to lessons that need to be learnt as we strive to improve emergency relief operations in mass casualty situations. He challenges practitioners to re-examine practices, citing the rescue of 4 people in Nepal via their heartbeats through an equipment called *Finder* designed by NASA as one effort that arose out of thinking outside the box.

The lack of hospital spaces designed for managing injuries arising from such disasters should also be of concern he said, citing examples of affected persons being given medical assistance right on the roads and the open spaces due to the inadequacy of public health infrastructure as a case study.

It also becomes important to consider how to strengthen public health infrastructure, explaining that in the event of multi-pronged disasters hitting India, the implications of weakened public infra-


*Prof Vinod Chandra Menon, founder member, NDMA, spoke on India's large public health infrastructure and the lacunae in terms of efficacy and efficiency of facilities*

structure (water pipes, gas pipes etc.) in mega cities which can in themselves either create disasters or complicate them when they occur could be an issue. Lack of approved buildings and lack of compliance with building codes resulting in housing vulnerability should an earthquake strike ought to be of equal concern too he asserted. Power becomes critical also during disasters, as specialised medical equipment, cell phones and computers etc. would need to be powered.

Professor Menon examined the resources available for health from 1937 to 2015 and contended that these funds appear low especially in health and community preparedness when viewed against the vulnerability to disasters today. He drew attention to what he called "critical gaps" in India's Public Health Preparedness for Disasters to include weak epidemiological surveillance capacity, conspicuous absence of professional EMS, inadequate mass casualty transportation facilities, absence of information management etc.

He cited the US example where the Police, Fire Department and Ambulance services are the first responders to an emergency / disaster and suggested that India needs to put in place its own systemic response to similar developments. In particular, he opined that most Ambulances in India are just to ferry people and may not be able to sustain life en-route the health facility. He asked if Doctors in city and rural areas are familiar with triages. As for information management during disasters, he suggested that there is need to improve information regarding where people can get help and who does what in such situations (what is known in humanitarian circles as *beneficiary communication*). The use of forensics for identifying victims ought to be given priority as well, he concluded.

### Recommendations

Strict monitoring and supervision of health facilities at District, State and other levels etc.

Introduce system to bridge critical gaps (e.g. reporting defective diagnostic equipment etc.).

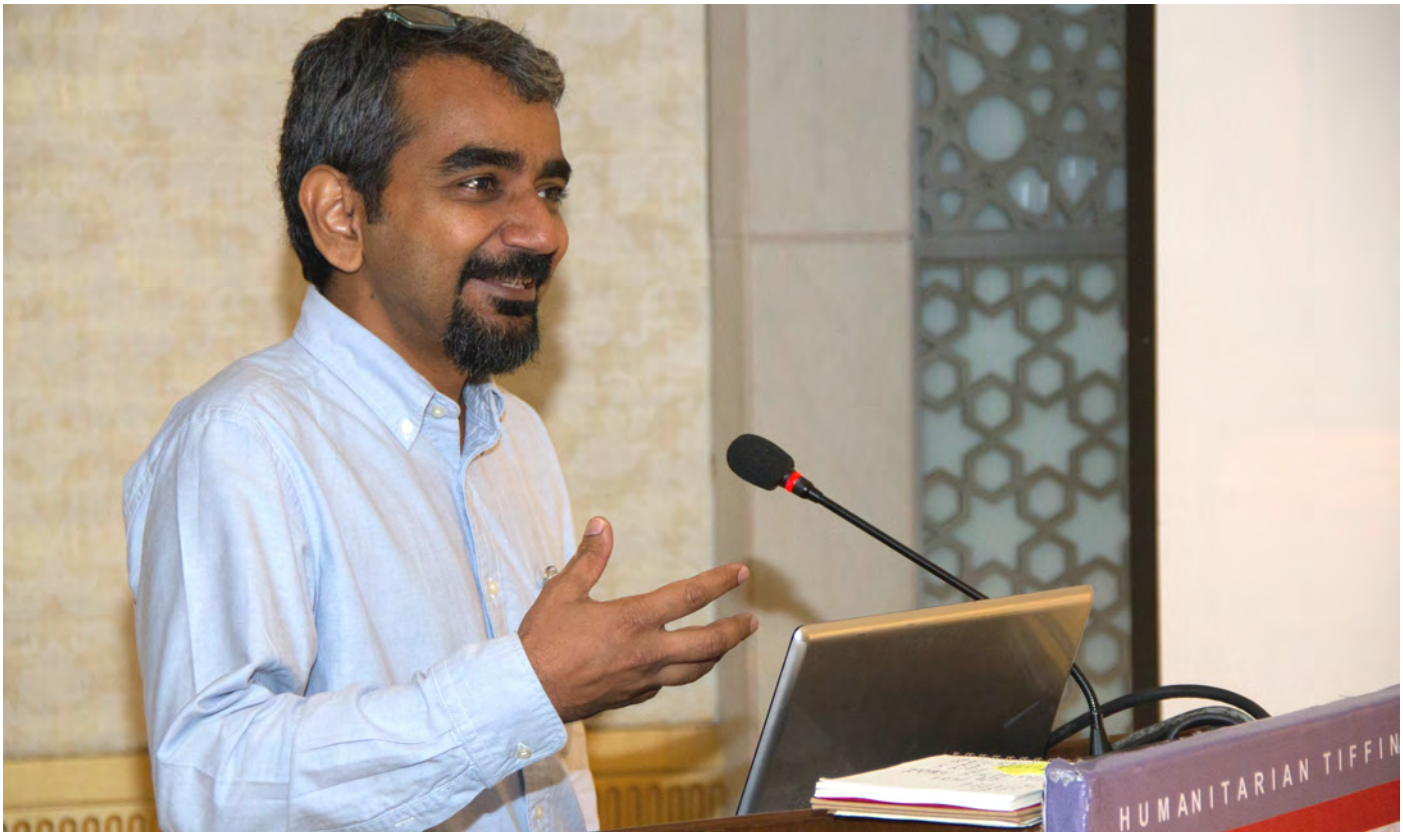
### Comments by the Chair

In thanking Professor Menon for his thought-provoking presentation, the Chairperson said that many times, those in the offices supervising such occurrences are not sufficiently in the know. Disaster response and public health is largely government driven and it was only recently that some private sector support has been coming. He underscored the fact that without effective capacity, such a huge disaster cannot be adequately managed.

## Presentation 2

**By Dr. Anshu Sharma**, Co-Founder, Sustainable Environment and Ecological Development Society

Dr. Sharma thanked the organisers for inviting him and said he has a familiarity with buildings rather than with health and will therefore be speaking from that perspective, explaining further that he has been working with builders and construction experts and have equally built hospitals. He will therefore be drawing attention to the need to erect buildings that can withstand disasters, reminding the audience that during earthquakes, death and injury comes from collapsed roofs, shattered glass, electrical shocks etc. and these have to be factored into building plans when constructing in




*Dr. Anshu Sharma, co-founder of SEEDS Asia, drew attention to the need to erect structures, especially the lifeline buildings, which can withstand disasters*

earthquake-prone areas, especially those that would house the emergency services or the disaster coordination centres.

He cited some examples which necessitate this thinking, such as the damage to the Bhuj regional hospital during an earthquake, the Kinniya Hospital in Sri Lanka that was damaged during the Tsunami, and the Bam earthquake which crippled health infrastructure in Iran,

Expatiating further, he said in the Gujarat example, in the absence of mobile phones at the time, the injured were taken several kilometres to the main town only to arrive there and find that the hospital building had collapsed. In the case of Bam, over 40,000 injured persons had to be transferred to a town quite far away because the hospital buildings there had all collapsed. This underscores the need to have buildings whose integrity would not be seriously compromised during earthquakes, he affirmed.

The speaker gave an example of the experience he had while working on a project that re-examined the Delhi area in anticipation of a major emergency which could affect structures. In the course of that project, lifeline buildings including the government secretariat, office of the disaster management authority, police headquarters, a city hospital and a school were checked and the team noted what needed to be retrofitted in order that these structures might be able to withstand such disasters.

Using the Haiti earthquake as an example, he explained that the destruction caused by the 2010 earthquake which killed 220,000 people was further aggravated when 1.2 million survivors living in tents in the capital were hit by Hurricane Tomas and shortly after, by a Cholera outbreak, creating a complex emergency. This underscores the need for adequate response to emergencies as no one knows what future situations could arise.

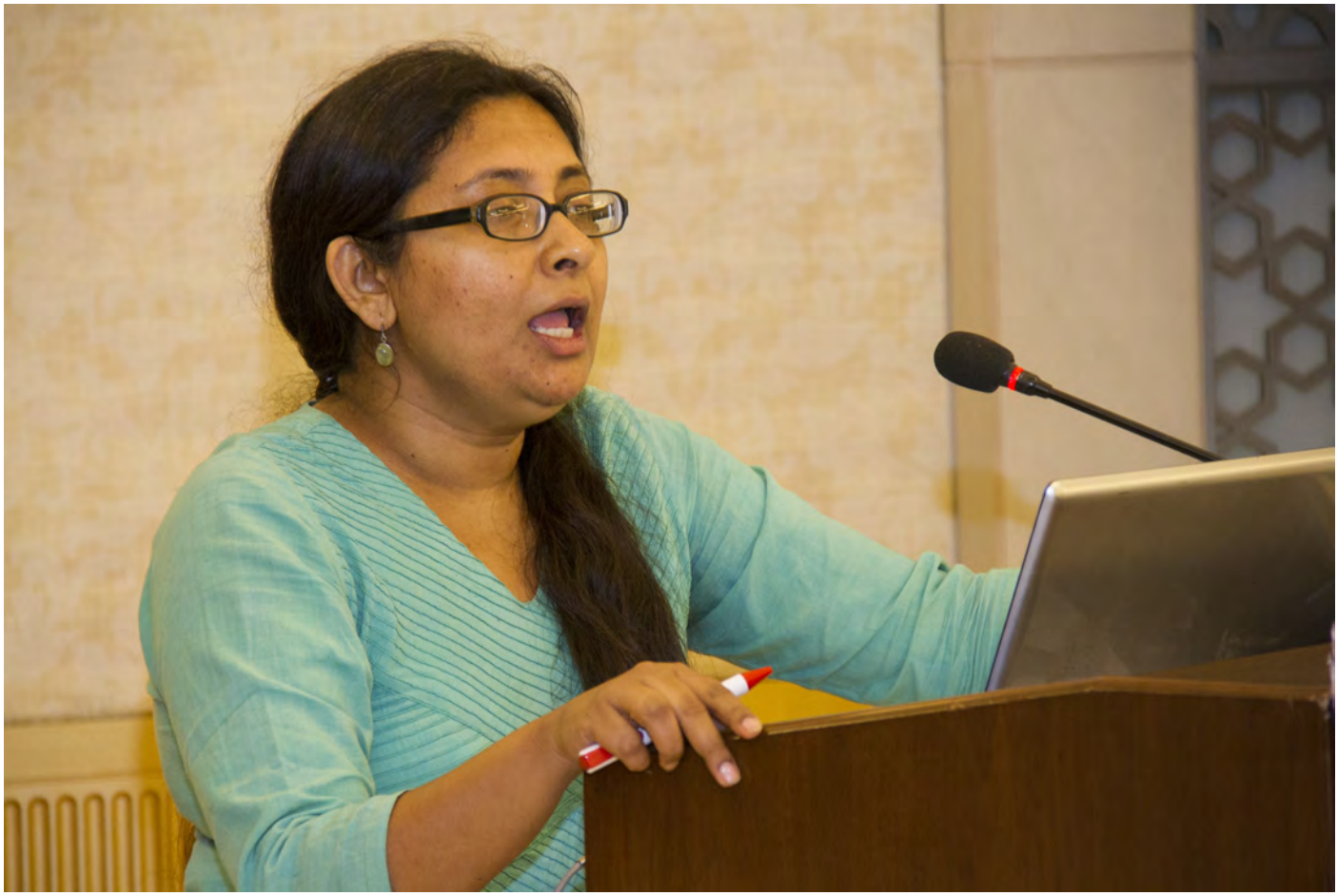
He further cited the example of the Biratpur Health Centre in Bihar, where a post-flood field hospital established for the relief phase got extended into longer term health programme (for a 64-village cluster) but eventually had to be shut down since a post disaster mechanism cannot make up for basic deficiency in the health services.

## Recommendations

- Get the basic health system right and you can do better during a disaster (the problem is not the earthquake but putting in place a sustainable basic system).
- He shared a 'circle of safety' with the audience, comprising of building safety, safety of occupants etc.
- The need to have a Communication system in place to promote public safety and community engagement is critical but this is often grossly lacking in pre- and post-disaster scenarios.

## Post script:

Dr. Sharma traced the history of earthquakes and a scientific study from 1555 to 1950 to explain how they form in the Indian plate and the potential impact of a future earthquake on India, given the fact that none has occurred since all the high rise buildings in most of the major cities have been constructed.



*Mohuya Chaudhuri, Research Associate, JNU, and Senior Health Correspondent, said tribal areas and rural areas lack support structures and those that exist need to be reactivated*

### Chairperson's Comments

The chairperson thanked the speaker and expressed appreciation for the graphic illustration to clarify his thesis. He said Nepal had been planning for an earthquake for 10 years, with support from the UN and others yet the impact of the quake still challenged practitioners. He asked the audience to take note of these challenges.

## Presentation 3

**By Mohuya Chaudhuri**, Research Associate, JNU & Senior Health Correspondent

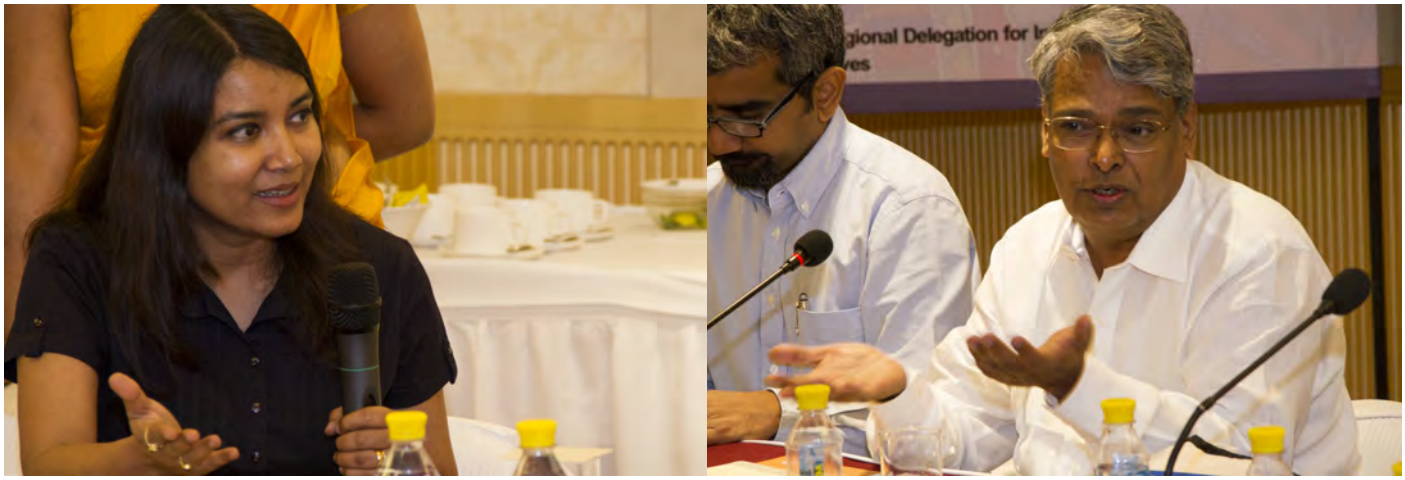
The Chairperson introduced Mohuya as one journalist he has grown to respect after an initial lack of willingness to interact with the media. He acknowledged her professionalism and enterprise.

Mohuya Chaudhuri spoke from her experience researching stories in areas hit by, or prone to being hit by disasters. She averred that when people talk of disasters, the focus is on cyclones, landslides, earthquakes etc. but the truth is disaster goes well beyond these phenomena and many people often do not prepare for their occurrence and end up saying they never expected such things to happen. Sadly, most of the structures designed to function in a disaster do not function and this is compounded by the lack of power, water etc. She suggested that most public functionaries in charge of such disasters do not like going to places prone to these disasters and such places have no sanitation, are quite far from hospitals etc. She told the audience that she often wondered why the authorities allow houses to be built along river banks when they know the river has a tendency to overflow at certain times. She says she is raising such an issue simply to identify gaps, but not to question the authorities.

She lamented that even the media does not look in those directions where disasters are prone to strike to act as a watchdog and so everyone ultimately is unprepared when the unexpected happens. She posits that Dr. Ravindran and his team often have to go to these places to evaluate and plan an intervention but the truth is there is a limit to how many places they can physically reach given the size of the country. She suggested therefore that State Governments need to do more in terms of preparation as there is the need to have a campaign to sensitise people to the fact that these things will happen and they have to be prepared. Tribal areas and rural areas particularly lack any support structures, while those that have become comatose need to be reactivated.

The speaker further suggested that communities have to be engaged because they do have some idea of their environment and can also make valuable input into the disaster response plan. They also have to be made part of the response system especially given the fact that they often lack communications, power and roads and ways in which these obstacles need to be negotiated have to be jointly developed in partnership with them.

Concluding, she identified other problems to include trauma, but suggested that what those affected often get in a disaster is food (rice), noting that children for instance would need milk, which they often do not get. There is also usually no follow up in terms of health, while the challenges facing pregnant women during disasters are also not tracked or addressed. Those affected during vio-



*The discussion was interactive with many participants offering comments and sharing observations*

lence suffer the same fate, she submitted, suggesting that in areas affected by violence (Chhattisgarh, Orissa etc.) and disasters, there is the need to address all these issues which go well beyond health and are cross cutting in order to deliver a holistic relief intervention.

## Recommendations

- State Governments need to do more in terms of disaster preparedness
- There should be regular sensitisation campaigns to prepare against the hazards attendant upon disasters
- The need to engage communities since they can make meaningful contribution into the disaster response plan
- The need to address all these issues which go well beyond health and are cross cutting in order to deliver a holistic relief intervention.

# Open Discussion

The chairperson thanked her for her presentation which was given based on firsthand experience. In opening the floor for discussions, he apologised for the encroachment on time but said it was because the speakers had much to share from experience and it was important to hear them out since the aim of the session was to find solutions. He thereafter invited those who wished to make contributions to do so.

One participant suggested that the structural aspects of health and other public services ought to be re-examined in India.

Another participant suggested that a disaster resilience plan should include the identification (mapping) of disaster-prone areas as the hotspots and the initiation of a multilayer approach at the policy level. While there is a challenge in between the policy and its implementation, efforts should be made to bridge this. It is also important to improve on communication for disaster relief / management and this does not apply to India alone but the entire region as well, warning that if no right mechanism was found to bridge this gap, unfortunately, these negatives will continue.

A participant suggested that the Government of India is doing a lot of work and has spent so much money to cover these latent gaps and that building professionals also need to support policy initiatives otherwise there will be no improvement.

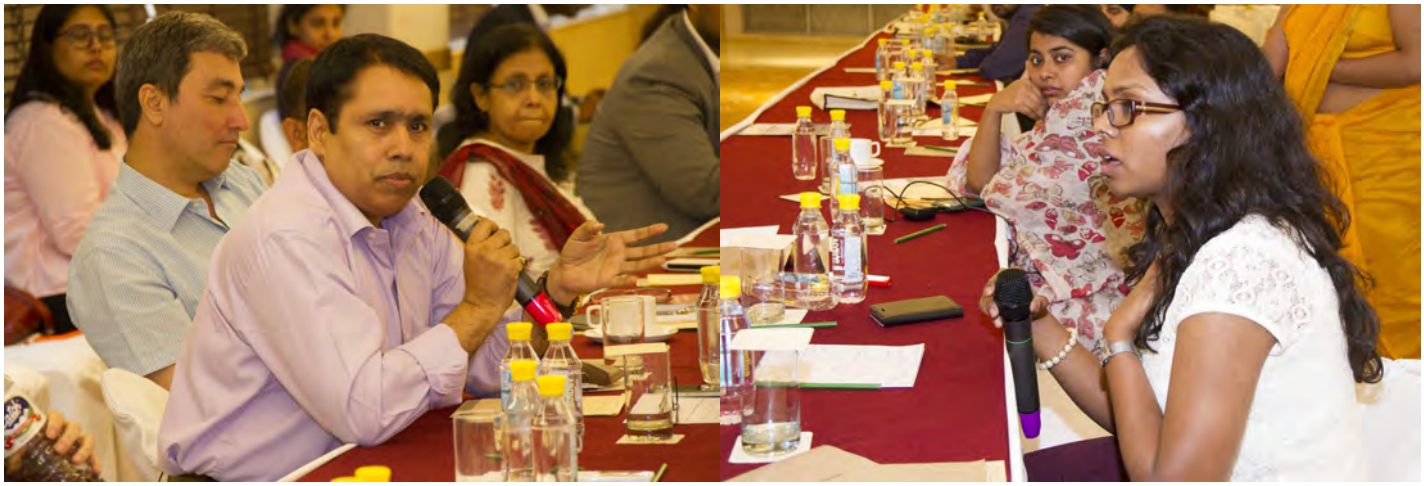
Contributing, Dr. Sharma supported this position and said there should be concerted efforts to improve the response to disaster because experts have submitted that an earthquake that is capable of killing a million people could occur in the Himalayan region. He further argued that it is also suggested in a recent Government of India study that to effectively respond to disaster, over eight million people need to be trained in those States prone to large-scale disasters but that it is a challenge as to who will train such a stupendous number as the resources required in themselves are huge.

One participant noted that policy makers and managers often fail to acknowledge that even the first responders themselves are affected by whatever happens in the area and have to take care of their families first before being able to deliver relief. She suggested therefore that a policy be built around this reality to state for instance, that the first responders may have to come from unaffected neighbouring communities. In examining the problems of those likely to be affected by floods, it is important to note too that such people often have migrated to such dangerous areas because they usually have no choice. They are aware of the threat but are unwilling to leave but stay back there and risk everything. They often simply continue with their lives if they survive the disaster when it occurs. So how does policy address such attitude, she wondered?

Mohuya Chadhuri offered a contrary view, saying that the authorities can certainly relocate flood prone communities and she does not agree that these people would not willingly leave the risky areas if provided with an alternative.

A participant noted that sometimes health workers may decline going to a place to render service on account of cultural issues but wondered if there is a way to get such people to do their work. To this, Professor Menon responded that the moral power of that individual is required and he cited the example of an Air Force officer who though he had lost his wife and daughter to the tsunami, yet willingly flew sorties to go and rescue other affected people stranded in the rising waters.

The chairperson acknowledged that in a situation of violence, it is true that health care workers and other humanitarian minded per-



*The diversity of the discourse covered the responsibilities of both the govt and the non-governmental actors, cultural issues, ethical questions, etc.*

sons may not want to go and assist because of cultural issues bordering on acceptance of their service or because of their ethnic background and these are issues that have to be creatively addressed towards finding a workable solution.

A participant acknowledged the illustrative statistics quoted by Dr. Sharma during his presentation and wondered if Indian institutions undertook specialised studies / research such as these that could provide such statistics to assist in policy making and disaster relief. She also wondered if civil society is involved systematically in disaster response. The chairperson responded that there is a local government system called *Panchayat* at village level and this can be included in the disaster response system of a particular area.

Another participant raised the issue of credibility of local officials during emergencies and suggested that in the area of law enforcement, local communities often tend to repose much confidence in the Army or the Central Reserve Police Force whom they see as being generally neutral. The chairperson said that while not endorsing the claim of the participant, he agreed that the issue of trust deficit needs to be addressed to consolidate on the integrity of first responders / institutions during an emergency.

A participant emphasised the need to train journalists, since most of the speakers mentioned communication as key to a sound disaster response mechanism and suggested that the ICRC and the MoH could jointly organize one. The chairperson agreed that it was important and noted that his Ministry had done a similar training with an international humanitarian agency in the past but that one major outcome of that training was the information given by the journalists that they often report in technically correct ways only for their editors (who, not having attended such training and therefore are not conversant with such technicalities, often cut out certain important information). Nonetheless, he promised that the MoH would re-examine this suggestion and count on the support/ collaboration of some of the organisations in attendance including the ICRC, when doing so.

Another participant was interested in knowing if emergency preparedness is taught in schools, especially medical schools as this could greatly improve survivability during emergencies. The chairperson subsequently gave the floor to Dr. Sachdeva of the National Disaster Management Authority (in the Ministry of Home Affairs) who provided information to the effect that indeed medical schools are encouraged to teach courses relevant to disasters and their role during such incidents. He elaborated on other initiatives the Ministry has taken, including on the management of the dead during disasters (through a training organised by the ICRC in Geneva which he attended himself).

The final comment made by another participant was in respect of the need to root out economic disparity – saying that this needs to be rooted out as it tends to exacerbate the consequences of disasters. The chairperson agreed that this was indeed an important point and explained that the MDGs are one of the important ways of doing so, and there has been some amount of success recorded in that regard.

## Closing remarks

In his closing remarks, Benjamin Wahren, the ICRC's Deputy Head of Regional Delegation, made reference to the Nepal earthquake, saying that little did we know that the 5th Tiffin Talk would come at such a tragic time. The ICRC is supporting the Nepali Red Cross through the RFL and the management of the dead, specifically to ensure the handling of mortal remains with dignity. He said while we cannot avoid natural disasters, we cannot avoid such man-made disasters as armed conflict either. He affirmed that he was quite intrigued by the diversity of the discourse covering the responsibilities of both the government and non-governmental actors, cultural issues, ethical questions, etc. Nonetheless, he said that this is not an exhaustive list as we have just scratched the surface with these discussions. It was his expectation that the quest to find workable solutions to the problems identified would continue through other fora. He thanked everyone for attending and wished them a safe trip back to their respective destinations.

### Closing

The Tiffin Talk came to a close at approximately 1300 hours.

The *Humanitarian Tiffin Talk Series* is an open forum that facilitates frank and professional interaction between stakeholders with a view to generating workable ideas that can contribute to surmounting humanitarian problems.