The Times They Are A-Changin'—Quickly

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There is a time for some things, and a time for all things; a time for great things, and a time for small things.

Cervantes,
Don Quixote, Pt. ii, ch. 35

The stream of time glides smoothly on as is past before we know. (Labitur occulte fallitque, volubilis ætas.)

Ovid,
Amores, Bk 1, eleg. 8, 1. 49.

In the October-December 2003 issue of Prehospital and Disaster Medicine, I pointed out that the domain of disaster medicine was very broad and included many disciplines. This conglomeration of disciplines has made it very difficult to define exactly what comprises the domain of disaster medicine.

More recently, I addressed the question of why "we have not learned from what we have learned". Indeed, some of the lessons that supposedly have been learned have not been learned, and the same mistakes have been repeated over and over and over. We had not even learned from those responses that went well!

However, some of the lessons from prior events finally seem to be resulting in some actions. For example, many of the relief and humanitarian activities associated with the earthquake and tsunami that occurred in the Indian Ocean in December 2004, were uncoordinated, duplicative, competitive, and resulted in mal-distribution of resources and in the provision of unneeded goods and services. It became evident that a major issue in the provision of relief and recovery responses was the lack of coordination. As a result of this important lesson, the Interagency Standing Committee of the UN Organization for the Coordination of Humanitarian Affairs (UN-OCHA) formed a series of "clusters" that forced operational agencies involved in international disaster responses to plan and operate together. The Department of Health Actions in Crises (HAC) of the World Health Organization (WHO) was assigned as the lead of the Global Health Cluster (GHC); the GHC brings many of the humanitarian and UN agencies that relate to health care to the table to identify how they can better coordinate their activities. A similar cluster organizational structure has been implemented in many countries.

In 2008, the WADEM was accepted as a full partner in the GHC—only one of two non-operational organizations that are partners in the GHC. An important contribution for the WADEM within the GHC is to bring the science of disaster health to the table. It must attempt to inform the partners about best-practices that are coordinate with current evidence. Evidence results from evaluations and research. The WADEM also can benefit from the practical input of the operational organizations that are partners in the cluster, and it can encourage and assist them in evaluations of their interventions in terms of effectiveness, efficiency, practicality, benefits, and costs that are essential components of their interventions. The WADEM also must begin to conduct independent evaluations of disaster responses; we must establish expertise in these areas—NOW—for the cluster movement is rapidly changing the face of disaster planning and responses.

The HAC/WHO is organized into three sections: (1) Preparedness and Capacity Building; (2) Response and Tracking; and (3) Recovery. In order to effectively work with the WHO and its regional offices, the organization of the WADEM should mirror the structure being used by the WHO. This will require substantial changes in the way the WADEM operates. The operations of the WADEM must adjust to the reality that an important role for the WADEM is to assist the WHO, its Regional Offices, and the health clusters during this time of change. Organizationally, part of the WADEM structure should fit with that being used by the WHO. In order to be effective, it must do so—NOW—or risk exclusion.

One of the other lessons learned from previous disasters is that some responses and responders have not been well-prepared to provide what was needed. This lesson has been learned by many organizations—and has been addressed with a rush to develop and implement courses to meet these needs. Course after course has been conceived and implemented, based on assumptions about the competencies required to practice disaster health. At least one organization even believes that it has identified the best-practices in Disaster Health, and now, offers an examination for certification of competency in Disaster Medicine.

Several groups using various methods, have attempted to define disaster health competencies, but few have been based on the science of disaster health. Currently, not even the actual domain of disaster health is clear. The inability to define the domain makes achieving agreement on who needs to know what in order to function during a disaster or to develop practical response plans, virtually impossible. Each organization is operating independently and this has led to inconsistency, confusion, and parochialism. If the domain of disaster health is not understood and accepted, how can we profess to know what we must know?

Thus far, no international consensus has been reached of what competencies are required by individuals in order to be credentialed to work at some specific level in Disaster Medicine. Currently, there is no mechanism to accredit organizations to do what they say they can do. There are no internationally accepted guidelines; no standards have been agreed upon, and hence, no competencies based on science and supposed best practices are available for dissemination and implementation.

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But, a real concern to the WADEM is the speed at which these educational and training courses are being developed and spreading. Unfortunately, with the passage of time, the information and in some instances, mis-information provided by some of these courses are becoming codified, and it will become more and more difficult to effect changes. The result likely will be practitioners who are competently competent, incompetently competent, competently incompetent, or incompetently incompetent.(Sundnes) This spectrum of practitioners has been encountered many times in many disaster settings. We must strive to generate practitioners who are competently competent.

While the trend of developing and providing more educational courses is proceeding at a remarkable rate—the WADEM seems to be dragging its feet. The rush to provide disaster education and training threatens WADEM's deliberate pace of first defining the domain and sub-domains of disaster health, and only then, defining the competencies within the domains that are based on evidence, experience, and on established and tested standards. The rush to meet the educational needs of the disaster workforce make it imperative that the WADEM must accelerate its pace—NOW—before it is too late to effect the changes and promulgate the standards. Further delays will result in the creation of a workforce of practitioners who have participated in one or more of the rapidly devised educational courses, and who, following "successful" completion of such educational courses, will believe that they are competent!

One notable exception to the forgoing discussion is the work of the American Medical Association (AMA) in partnership with the US Agency for Healthcare Research and Quality (AHRQ). Together, they have defined a set of competencies for various levels of disaster practitioners—and the AMA has modified its basic and advanced courses in Disaster Life Support to encompass these competencies. A portion of its Advanced Course will be provided as a Pre-Congress offering in Victoria, BC, Canada during the morning before the Opening Ceremony of the 16th World Congress (12 May 2009).

The AMA-defined competencies espouse three levels of disaster responders that are not dependent upon the native discipline of the practitioner (e.g., physician, nurse, paramedic, maintenance worker, firefighter, etc.), but rather on the role that s/he is expected to fill during a disaster; a person in any of the disciplines may function in one or more of the roles. This "task-sharing" concept was explored in further detail during the 2009 Humanitarian Action Summit convened in Boston in March by the Harvard Humanitarian Initiative (the proceedings will be published in this Journal). However, in the design of educational and training opportunities, it is not clear how many different levels for education and training should be established and how these will be integrated into disaster preparedness and responses. It is obvious that task-sharing is essential to the provision of effective and efficient health responses to disasters. The WADEM must weigh in on task-sharing and help to steer education, training, and operations to higher levels of competency not based on individual discipline or background. These initiatives are moving at a very rapid rate, and if the WADEM wishes to contribute to this development, it must do so—NOW.

One additional problem became apparent during the Humanitarian Action Summit—until now, the WADEM has concentrated its efforts on life-saving and disaster relief responses. But, currently, the discipline of disaster health seems to be organized into two factions: (1) the disaster response community; and (2) the humanitarian community. And, it seems that these two factions do not communicate with each other; the goals and objectives of each of these factions seem to differ. This difference fragments the discipline of disaster health. During the 15th World Congress, Jennifer Leaning (PDM, 2007;22(5):418–422) insisted that in order to have disaster health care become a continuum, these two factions must bridge the gaps between them. This process must be facilitated and the only organization that is in the position to assist in bridging these gaps is the WADEM—the WADEM must promote the understanding that the goals of both of these "communities" basically are the same. It must assure that the special competencies currently characteristic of each are included in the education and training of each practitioner. The WADEM must include the implications of this lesson in its organizational structure and must provide its educational and scientific expertise to the humanitarian community—and it must do so NOW before further fragmentation occurs.

Lastly, rapid changes are occurring in evolving hazards: (1) climate change; (2) pandemics; (3) food insecurity; (4) water insecurity; and (5) migration. Each of these evolving and frightening hazards poses a rapidly increasing threat to the world and each must be addressed. How can we prepare, prevent, and/or modify the risks that these hazards will become overwhelming events? The WADEM must define how such events will affect human and environmental health—the WADEM must recognize the potential threats to life and well-being and raise its voice loud and clear; it must develop appropriate position papers that will impact the decision-makers and the general public. It must assist in the development of the science that will convince the world that these hazards pose a real and potentially overwhelming threat to humankind. It must do so—NOW—before it is too late. The window of opportunity will not remain open for long.

The AMA/AHRQ effort was a great start in defining competencies as multi-level. Everyone does not need to know everything to be able to contribute to disaster health. I am pleased that the WADEM, the National Library of Medicine, and the Center for the Epidemiology of Disaster (CRED) have been moving in the same direction of establishing the domain and typology of disaster health. But, just staying this course will be insufficient. If the WADEM does not move forward in meeting the awesome challenges outlined, it runs the risk of becoming irrelevant. The train of progress is flying through the station, and WADEM must jump on the train before it passes. The development of the potential of the WADEM to have a major influence on the health and welfare of the world especially during or even before times of crisis, is essential.

"The times they ARE a-changin" and they are changing quickly.

You may delay, but time will not.

Benjamin Franklin,
Poor Richard, 1758

Ordinary people think merely how they will use their time; a man of intellect tries to use it.

Schopenhauer,
Aphorisms on the Wisdom of Life

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