

DISASTERS EPIDEMIOLOGY. AN EPIDEMIOLOGIST'S VIEW
OF HEALTH MANAGEMENT IN DISASTERS

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When I received the invitation to participate in this "Third International Conference on the Social and Economic Aspects of Earthquakes and Planning to Mitigate Their Impacts," two points struck me right away:

- (1) There was no health section. Economics there was, and sociology, and urban and regional planning, and science, public administration, and miscellaneous, but not health.
- (2) As the only medical man invited, I was included among the Sociologists! Indeed!

Still, earthquakes, like other natural disasters, do constitute a major health problem. They may kill hundreds or hundreds of thousands of people. They injure large numbers--many more than any other type of natural disasters. They leave countless numbers maimed. They destroy medical facilities, often in countries with scarce resources where such destruction can mean the loss of decades of hardwon progress.

What is more, earthquakes trigger a huge medically-oriented response from the community, both in the affected country and in so-called donor countries. Medical teams and unprepared volunteers of all kinds rush to the ruins. Blood, drugs and jumble are shipped overnight. And the radio vibrates with accounts of death and destruction interspersed with discussions about the finer points of plate tectonics.

All this is authentic, of course, and gives a true picture of the problem; that is of death, destitution and untended injuries.

As a medical man, now an honorary sociologist, I would risk a few comments:

- (1) the reaction to the purely medical needs in case of natural disasters in general, and earthquakes in particular, has often been remarkably ill-judged. Let me emphasize that I do not mean to generalize to all disasters--some of them have been remarkably well managed from a medical point of view. The statement should also be qualified since definite progress has been made over the last decade or so. But often in the past, and still too commonly today, the reaction has been inappropriate.

Stereotypes have been the basis of action: that doctors are the main need--which is not true; that field hospitals are required--which arrive too late to be of any use; that any kind of supply will do, provided it has a medical connection--which is wrong.