

Disaster Responses: Is the US Really Prepared?

Lessons from Anthrax, Tsunamis, and Hurricanes

The people of Kaiser Permanente (KP) continue to respond to the health care needs of survivors of major disasters. In this issue of *The Permanente Journal (TPJ)* (see page 59), we remember Katrina one year later by taking a glimpse at the experiences of KP responders as they cared for the evacuees in Houston and New Orleans.

Past Disaster Responses

TPJ has highlighted prior KP responses to disasters: natural—the December 2003 tsunami (Fall 2005;9(4):69-82), and man-made—the 2002 anthrax poisoning (Winter 2002; 6(1):56-61). Each situation is similar in public health challenges, yet each has its own unique challenges.

The response to Hurricane Katrina was no different. Though similar to our responses in Sri Lanka and Banda Aceh, personal testimonies demonstrate the many unique challenges the Katrina disaster presented to the KP teams mobilized to Houston and New Orleans—the most significant of which was poor logistical support.

Who is in Charge?

The accounts of the governmental confusion and difficulties in the Katrina response were reminiscent of the anthrax letter poisoning in the mid-Atlantic states in 2002. As an on-site infectious disease physician during this man-made disaster, I was amazed that it was never clear which person from which agency was in charge. Who is the spokesperson? Who is making decisions? Who is accountable—local or state health departments, or the CDC? As a result of this gap in leadership, major communication lapses ensued. I recall the KP response leaders in the command center having to watch CNN for updates—inappropriate.

This was vividly replayed in the Katrina response—*who is really in charge?* In responding to this disaster, the multilayers of government became more a liability than a strength.

The Lesson from Banda Aceh, Indonesia

As one of the responders to the tsunami disaster, I was very impressed with the central oversight of the many international agencies. There never was a question as to who was in charge—the Indonesian Minister of Health.

At briefing sessions coordinating the disaster response, it was clear that the World Health Organization took the lead in overseeing the response but all plans were contingent on approval of the Minister of Health's office. Without this clarity, leaders of agencies would have been in a Katrina-type mode of uncertainty as to when and where to become involved.

Are We Ready for a Future Influenza Pandemic?

On the basis of observation of past US responses to disasters, there is no doubt that the quarantine requirements of any future pandemic will stress our public health system. Past experiences suggest the following are essential for a successful response:

1. There must be one agency and one person who is visibly in charge, fully accountable, and has the authority (and the will!) to enforce essential quarantines. *Why would we think we can implement and enforce mandatory quarantines when we have proved we are unable to enforce mandatory evacuations?*
2. There must be clear communication channels from the agency in charge to responding agencies and, just as important, to the public.
3. We must practice—A basic requirement of emergency preparedness. After witnessing anthrax and Katrina, I personally do not believe that our country will be able to initiate effective quarantines without a significant investment in drills.

Regardless, We Are Ready to Serve!

Unfortunately there will be future natural and man-made disasters and our preparedness will again be tested. Whether our society is prepared or not, one thing is certain—there will once again be a need for the compassionate people to step forward and serve. ♦



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“Those in authority must retain the public’s trust. The way to do that is to distort nothing, to put the best face on nothing, to try to manipulate no one.”

—John M Barry,
The Great Influenza
See review Perm J 2004 Fall;8(4):84.

