

# The Importance of the Phuket Papers

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*The expedient thing and the right thing are seldom the same thing.*

From a Chinese Fortune Cookie, October 2005

*Hihil ante quam evenerit, non evenire posse abutrari.*

*(Consider nothing before it has come to pass, as impossible.)*

Cicero, *Tusculanarum Disputationum*, Bk iii, Ch 14, sec.30

This entire issue is devoted to bringing to you the summaries of the extraordinary Conference convened in May 2005 in Phuket, Thailand by the World Health Organization (WHO) to discuss and analyze the activities associated with the Earthquake and Tsunami that originated in the Indian Ocean and caused disasters (crises) in at least 12 countries. This Conference will be regarded as a hallmark in the development of Disaster Health, and therefore, the Reports merit publication in this Journal. The main objectives of the Conference were to identify: (1) what was done well; (2) what could have been done better; (3) any gaps that existed; and (4) to build the capacity so that a similar event in the future would not result in such profound disasters. The Conference consisted of both plenary and panel sessions. Importantly, each of the sessions had an assigned rapporteur whose task was to summarize the session. These Reports were provided to *Prehospital and Disaster Medicine* (PDM) by the Health Action in Crises (HAC) agency of the WHO and form the bulk of this issue. The mutual agreement was that the Editorial Staff of PDM would bring the reports developed by the rapporteurs together and make known the findings in a manner that could result in facilitating the development of better mechanisms to absorb the energy to minimize the damage created, buffer the effects of the damage, and enhance our ability to respond to such events.

The participants in the Conference included invited experts from many diverse sectors and as well as on-the-ground responders. The individual reports included were developed by rapporteurs appointed by the organizers. Synthesizing rapporteurs were assigned to bring together these session discussions into four specific areas: (1) coordination; (2) needs assessments; (3) filling the gaps in service delivery; and (4) building capacity to deal with future events. Lastly, Dr. David Nabarro (Director of HAC/WHO) summarized the findings of the Conference and outlined some of the steps to be taken.

Utilizing experts as rapporteurs is an excellent model for all future conferences. Unfortunately, the essence of most conferences of supposed importance is lost shortly following closing of the conference. Perhaps, this feature of the Conference may be the most important aspect of this excellently programmed Conference. The reports, as pub-

lished herein, will be a lasting testament to the Phuket Conference.

The Editorial Staff has retained the structure provided by the WHO. In fact, almost all of the rapporteurs used this structure for their respective Reports. In order to enhance the understanding of the material, the Editorial Staff sought to standardize the diverse and often difficult to understand terminology used into the structure, and Glossary of Terms used in *Health Disaster Management: Guidelines for Evaluation and Research in the Utstein Style* previously published as a Supplement to PDM.<sup>1</sup> Basically, the content remains as it was reported with significant changes related only to reorganization of the content.

Prior to the Conference, the WHO Staff prepared background material and posed several key questions to each of the invited panel participants. This background material and the key questions have been provided in each of the Reports, even though some of the questions were not answered by the discussions. Together, the background, key questions, and summary reports provide one basis for the development of standards of practice. Also included at the end of these Phuket documents, are the reports of the WHO Secretariat for the 58th World Health Assembly that convened May 2005, and the Resolutions that resulted from the discussions by that body.

The principal message from the Phuket Conference is "Why have we not learned from what we have learned?" The points made in my Editor's Corner in Volume 20, Number 4 (July-August 2005) were reinforced by the participants during the Phuket Conference.<sup>2</sup> The problems encountered were the same as those reported in numerous other analyses following major crises. The problems identified in this Conference currently are recurring in Pakistan, Afghanistan, India, Guatemala, El Salvador, Mexico, and the United States. However, the analyses accomplished during the Conference are more comprehensive than are those that have emerged from similar conferences. The repetition of the messages between each of the Reports add further credence to what must be done. One is struck by the similarities in the information provided regardless of the sectors represented during the discussions in addition to new factors added during the responses to the damage created by the earthquake and the Tsunami. Persons representing new sectors (military, private commercial) participated in the responses to these disasters (there was not just one disaster—each country had its own disaster!) and in the Conference.

Much of what was done went quite well and should be codified into best-practice standards; much of what was done could have been done better and must be improved for the "next time". The most apparent area in greatest need for improvement was the lack of adequate coordination and

control of the responses. It is clear that actions that are non-productive or counter-productive and/or repetitive, and/or inefficient, continue to occur. The provision of coordination and control of responses is a local responsibility. For many countries, the lowest local level of coordination and control may be at the national level. What seems apparent is that there was no mandate and transfer of power at the national level for many of the countries affected by the events of 26 December 2004. Such a transfer of authority must come from the national government—but, who within that structure has sufficient training and experience to warrant such a transfer of authority? It is not likely that delegation of authority will occur until the politicians are convinced that the personnel to whom such authority can be delegated, have the capability of exercising such authority properly. Therefore, it seems that the very highest priority must be given to the development of standards required for the exercise of coordination and control, and that such generic standards be translated into educational curricula for the training such personnel. Without such actions, responses, and indeed, even actions to enhance preparedness are not likely to occur.

The second problem involved the conduct of needs assessments by personnel who were not trained to accomplish them using standardized tools. Also, they conducted the assessments to justify interventions that already had been predetermined. Their priorities may not be coordinate with those of meeting the most important needs of the stricken. Such random activities no longer can be condoned. This will require changes in the culture of the response organizations.

Needs assessments require personnel who understand local customs and cultures, and hence are done best by locals. No longer is it proper or just for individuals and organizations to insert themselves into a stricken region, perform their own needs assessments, and act on these apparent needs without first acquiring the mandate and support of the local or national Coordination and Control Center. Such actions may not be coordinate with the “big picture”. Valid and credible needs assessments require a standardized set of instruments used by individuals trained in their use. All interventions must be directed at defined needs and must be in accordance with the priorities established by coordination and control. Only in this way will optimal efficiency and effectiveness be achieved. It is the Coordination and Control Center that must synthesize the data and information received with the constraints of the local culture. This integration and interpretation is essential in order to implement interventions that are prioritized in accordance with a local strategy for recovery.

Importantly, the materials presented in these works contain many of the standards that are essential for the development of our profession and for the enhancement of our actions. A simple exercise could be to move through the texts of the discussions and note each of the statements that begins with “we should” or anytime the word “must” is used, and to abstract these statements into drafts that ultimately will become the standards. The statements contained herein were made by recognized experts, and it is a rare opportunity to codify their experience and knowledge into the development of best practices.

Lastly, one must question the generalizability (external validity) of the findings from this Conference. Clearly, for the first time, a structure was provided to make these reports compatible with each other and to facilitate the collation of these Reports into conclusions, recommendations, and actions. However, will the structure used for these reports facilitate the comparison of these findings with those of previous events or with those findings that will be obtained from future catastrophes and crises? In order to define standards and to enhance our abilities to meet future events with the highest efficiency, efficacy, and effectiveness with the greatest benefits to the afflicted society at the lowest costs, a better structure than that used in these reports must be used. We must force our thinking into a clear and uniform structure.

The endpoint of these discussions was to make it better the next time—however, the next time already has occurred several times. Recent events have continued to produce unnecessary loss of lives and unbelievable pain and suffering for millions of people. There is urgency to this business, but the processes continue to move very slowly. These are complicated processes that must occur within the setting of constrained resources, involve national sovereignties, and are politically charged. Without standards, there are no best practices. We continue to cast about without standards. Responders continue to do what they wish regardless of needs. There is no universal mandate, no power, and little resources. We must get it together, NOW!

*Impossibilities recede as experience advances.*

Helps, *Friends in Council*, Proverbs.  
Bk iii, Ch 5

*Only he who attempts the absurd is capable of achieving the impossible.*

Miguel de Unamuno, *Essays and Soliloquies*, p 104

#### References

1. Sundnes KO, Birnbaum ML (eds) and the Task Force for Quality Control of Disaster Management: Health Disaster Management: Guidelines for Evaluation and Research in the Utstein Style. *Prehosp Disast Med* 2003;17(Suppl 3):144–161.
2. Birnbaum ML: Professionalization and credentialing. *Prehosp Disast Med* 2005;20(4)210–211.

#### Editor's Note

The South East Asia Regional Office of WHO (WHO SEAR) is convening a follow-up Conference in an attempt to codify some of the recommendations outlined in the Phuket Papers in Bangkok, Thailand, 21–23 November 2005. Multiple participants in this Conference will come from each those countries affected by the Earthquake and Tsunami. They will review the Phuket Papers, identify the priority gaps in each of the national systems, identify the priority actions that are needed to address these gaps, and will identify national benchmarks needed to be achieved and a framework of action to achieve these benchmarks. This is a great next step. Stay tuned!-MLB