Response and Recovery

Marvin L. Birnbaum, MD, PhD

How wretched are the minds of men, and how blind their understanding.
(O miseras hominum mentes! Of pectoral cæca!)

Lucretius
De Rerum Natura, Bk. ii, 1. 472

To be bored by essentials is characteristic of small minds.

R.U. Johnson
Poems of Fifty Years: Preface

Once again, we find ourselves stuck in the dilemma created by the lack of universal disaster terminology—this time it relates to the longitudinal phases of a disaster. Confusion reigned in a recent expert consultation that tried to focus on the transition between the response and development phases of a disaster. There was general agreement that for the most part, this transition period has been neglected. But, for some elusive reason, there seemed to be general resistance to calling this transitional period, "recovery".

There are several dictionary definitions that are cogent to the following discussion:

Develop—to make or become bigger or fuller or more elaborate or symbolic; convert to a new purpose so as to use its resources more fully.[1]

Development—the act or an instance of developing; the process of being developed; a stage of growth or advancement.[1]

Humanitarian—a person who seeks to promote human welfare.[2]

Recover—regain possession or use or control of; reclaim; return to health or consciousness or to a normal state or position.

Recovery—the act or an instance of recovering.[3]

Relief—the allocation or deliverance from pain, distress, anxiety, etc.[4]

Response—an answer given in word or act; a reply.[5]

Current thinking by many experts holds that a transition occurs between the Response Phase (life-saving and relief) and the Development Phase. Failure to label this transitional period as a definitive phase has resulted in a dire lack of resources being allocated to assist disaster-stricken societies to recover to their pre-event state, i.e., prior to the beginning of the event responsible for creating the disaster. Lack of recognition of this transitional period diverts investment of essential resources into projects that specifically address the needs of the stricken population return to where it was prior to the onset of the precipitating event. Some of the reasoning for ignoring and not labeling the transitional period as a distinct phase of a disaster entails the observations that often, following a disaster, the status of some of the functions of the affected society are better than they were prior to the disaster-causing event. Former US President Clinton highlighted the concept further when he suggested that following the massive devastation that occurred due to the earthquake and tsunami in Southeast Asia in December 2004, we should "build it back better". Further confusion has been promulgated by the belief that the transition actually may begin while some of the functions of the stricken society still are in the response phase. This observation belies the generally held belief that there are distinct cut-offs between the longitudinal phases that define the progress of a disaster. In reality, each of the phases, beginning with the event, overlap. Some responses may begin while the event still is ongoing. In fact, it is the overlapping aspects of the phases of that makes evaluation and research of disasters and the responses to them very difficult. However, the need to be able to compare the effects of interventions requires that the goals/objectives of the intervention be defined according to which phase the intervention is directed. But to do so, the definitions for each phase must be agreed upon.

Several years of work have been invested by the Task Force for Quality Control of Disaster Management to build a structure into which disaster responses must be assigned. Recovery was discussed in Volume 1 of the *Health Disaster Management: Guidelines for Evaluation and Research in the Utstein Style*,[6] and it is described in detail as a distinct phase in Volume 2 (currently is in the review process and anticipated to be published late spring-early summer). Several concepts regarding the longitudinal phases are elaborated in this new work.

First, a *response* is an answer to a need.[7] All interventions must address a need or they are not needed! Therefore, all interventions are responses whether they: (1) limit the loss of life or provide relief to prevent further deterioration; (2) promote recovery to the pre-event state; or (3) improve the status of the society to levels above where it was before the disaster-causing event began. Therefore, it is not appropriate to label only the life-saving/relief activities as "the response phase". Some have referred to these activities as "humanitarian" or "relief" phase of a disaster. However, in practice, the terms relief, response, and humanitarian phase have been used interchangeably, often within the same document!

Specific interventions (responses) designed to prevent further loss of function of a society by attempting to save lives and to provide relief to the stricken society are labeled as humanitarian responses. They ***are*** humanitarian responses and such responses have attracted great interest by the media and by donors. Such interventions comprise the *humanitarian phase* of a disaster. Thus, the humanitarian

https://doi.org/10.1017/S1049023X0000546X Published online by Cambridge University Press

phase of a disaster consists of all life-saving and relief responses that have the goals of limiting the number of lives lost and the further deterioration of the health of the victims.

Since all interventions must be a response to a need, interventions directed to restoring the functions of the stricken society back toward their functional state prior to the event also are responses to needs. This shift in purpose defines the phase that some call the "transition" between responses and development. Such interventions are directed to promoting the recovery of the society, just as some therapeutic interventions are administered to return a patient to her/his pre-event status. Clinically, the period in which such interventions are administered is called "recovery". This same term applies to the period during a disaster in which interventions are directed to recovery—interventions aimed at attempting to restore the stricken to their pre-event status. Recovery consists of rehabilitation and restoration (reconstruction). For example, the displaced population returns home; the wells again supply potable water; the healthcare system again provides the same services it did prior to the precipitating event, etc.

The use of the term "recovery" to define this particular phase of a disaster hopefully will facilitate the distribution of needed resources into this phase. Thus far, most resources in the form of assistance have been directed toward life-saving and relief. Few resources have been made available for those interventions that will assist the society in recovering. Recovery is not nearly as glitzy as is life-saving or relief. Programs and donors focus on the humanitarian needs; little focus and resources have been placed on recovery. When the humanitarian needs are met, most responders who have provided assistance pack their bags and go home—this includes the media. Unfortunately, it is at this time when the needs of the afflicted actually are the greatest, but often are left unaddressed.

Recovery was recognized as a distinct phase of the 2004 tsunami disaster in the TRIAMS Report (Tsunami Recovery Impact Assessment on Monitoring System).[8] Further, the *Guidelines* point out that a disaster is not over until the element of society being examined has returned its pre-event state.[1] Has the health status of the population stricken by the events surrounding Hurricane Katrina returned to "normal"? Have all of those displaced by the tsunami returned home? Have the Gulf States in the US returned to their pre-Katrina status? Is the healthcare system restored? Have the displaced returned home? Has the tourist industry in the Maldives returned to where it was pre-tsunami? Has life in Bam returned to where it was before the earthquake? Has Kobe recovered? Has the mental health of those affected by 9/11 been restored? Unfortunately, the answer to all of these questions is "no, not yet" because adequate resources have not been directed toward recovering the affected society to where it was before the catastrophe occurred.

When we attempt to progress a patient to a state of health that is better than s/he had prior to the onset of her/his disease (such as lowering cholesterol levels in a patient who has suffered a heart attack), this constitutes "development". Attempts to move the patient to a better, less vulnerable status than the patient was at prior to the episode that caused the patient to seek medical help are, by definition, development. Interventions directed to enhancing preparedness above the state of the society prior to the occurrence of a catastrophic event also constitutes development. Risk reduction is development. Are any of those affected by the events noted above, better off now than before the event?

Before any intervention is undertaken, it is imperative that its goals and objectives address a specific need either to prevent or minimize further loss, or to restore the function, or to make it better. And, these must be explicitly defined. If this is not done, it is not possible to study the effectiveness or identify the benefits the intervention provided to the stricken society.

Thus, when studying disasters or assessing the care provided to a stricken patient, we must know whether what we are prescribing is directed toward preventing further deterioration, toward recovery, or development. Interventions implemented before, during, or after a disaster must be directed to one of the three longitudinal phases of a disaster: (1) humanitarian life-saving and relief; (2) recovery; OR (3) development.

Thus, the transition phase between humanitarian relief and development is recovery. By their very nature, disasters worsen the functional status of those impacted. We not only have the responsibility to help prevent the further loss of life and provide for the needs of the stricken so they do not get worse, we also have the responsibility to help return them to a state of self-sufficiency, to restore their self image, their livelihood, and their way of life. It is a struggle to get back; in order to do so, we must direct our well-meaning assistance to help them recover.

We must view with profound respect the infinite capacity of the human mind to resist the introduction of useful knowledge.

Thomas R. Lounsbury
Lockwood, The Freshman and His College, p 44

The human understanding is naturally right, and has within itself a strength sufficient to arrive at the knowledge of truth, and to distinguish it from error.

Burlamaqui
Principles of Natural Law

References

1. Thompson D (ed): *The Concise Oxford Dictionary of Current English*. Oxford: Clarendon Press, 1995, p 369.
2. *Ibid*, p 661.
3. *Ibid*, p 1,149.
4. *Ibid*, p 1,161.
5. *Ibid,* p 1,173.
6. Sundnes KO, Birnbaum ML (eds), Task Force for Quality Control of Disaster Management: Health Disaster Management: Guidelines for Evaluation and Research in the Utstein Style. *Prehospital Disast Med* 2003; Vol 17 (Suppl 3).
7. *Ibid,* p 158.
8. WHO-IFRC: Draft Concept Paper: Tsunami Recovery Impact Assessment & Monitoring System (TRIAMS). Available at: http://humanitarianinfo.org/sumatra/reliefrecovery.pdf. Accessed 13 January 2008.