Working Above and Below the Arrow in Disaster Response

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In this month's edition of the journal, Bahadori et al[1] present the results of a study on the factors that influence coordination in disasters. The authors interviewed selected experts in the field of health in disasters about their perceptions regarding barriers and facilitators of inter-organizational coordination. The experts were all from the authors' country of Iran. Their findings are hauntingly familiar and are summarized in the figure that is the subject of this month's cover. The findings should remind all of us of the good fortune that some countries have of working "above the arrow" and motivate us to share our experiences with nations that have been trapped "below the arrow."

The central component in the figure is an arrow that leads from a disaster to a coordinated response with the central actions being prioritization of needs, resource management, and coordination of responses. These elements serve as a solid foundation for disaster response and in general provide the basis for incident management. Above the arrow, key elements include, from left to right, whole of community participation, centralized emergency management and operations, planning and logistics, after action review, and a corrective action process. While not an all-inclusive list of facilitators, this list represents key elements of a coordinated disaster response. The list of barriers below the arrow represents key milestones on the path to failed responses. No plans, no operations centers, no standards, organizational goals placed ahead of community goals, and exclusion of health in the response command structure. We have all faced these challenges individually and know how difficult they are to overcome.

The article provides details about each of these elements and ways that barriers can be overcome. The authors provide insight into emergency management in countries that experience large disasters but lack the collective maturity to build a national system of preparedness and response. Three additional observations are necessary to place the importance of this article into context. First, the facilitation elements alone are not sufficient to have a coordinated response. Organizations must develop credibility and trust with the populations they serve and with each other. They must communicate openly and share information as they work toward a common cause. There can be no integration and coordination if stakeholders are unwilling to speak openly and honestly while acting selflessly to assist. Second, this article illustrates how research can be used to identify barriers that impede the advancement of our ability to assist in disasters. We need to continue our quest to improve our response capacity and share our knowledge of disaster preparedness with those who work below the arrow, so they can speak truth to power and raise response standards to improve disaster response across all nations. This leads to my final observation: competence, transparency, credibility, trust, and the courage to implement change constitute the essential characteristics of great leaders, which we need to advance our profession of disaster medicine.

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