

Health and Disasters: Understanding the International Context

Day 1. September 6, 2012

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Transcript (unedited) of live-captioning of videocast.

Please stand by for realtime captions. >> Hello -- this is Emily from South Carolina.

This is Lola Arvis from Louisiana.

Hello low a -- Lola -- how are you quick

Thank you for the help of the tips --

You are so welcome. That is my job. My we say I have got lots of answered -- answers -- but I just made a question that matches it.

That's cute -- I will have to keep that in mind.

Is Siobhan from the -- disaster information management -- we will start in five minutes. So thank you for starting us off with the dialogue but [Indiscernible]

[Laughter]

-- And I'm trying out some new headgear -- so see if I can figure this thing out to

All right --

Yes.

We have a meeting on the 14th -- [Low volume] but

Is that okay ask --?

I guess we will let you.

Thank you very much. -- [Low volume] my name is Kathy.

Hello everyone -- this is Deborah have not in LA -- and you are in the meeting but we will start probably at 1 PM central time. So we will be meeting everybody at a certain point except for the speakers. I just wanted to let you know that but

Thank you.

Thank you but

I have a question -- this is Lauren in Jackson Mississippi. And I once know the all have the same experience I did getting into the actual horse but said that you could register as a guest or user login but I could not find any actual credentials in the e-mail that I got so I entered as a guest.

With did anybody us to that or am I the only one?

[Indiscernible - multiple speakers]

I just wanted to make sure. >> [Pause] >> [Indiscernible - background noise] >> This is Siobhan but I just want to know -- let you know that I'd muted everybody. If you want to participate by the phone, you can press the star six. And that will let you talk on your phone but obviously we just a problem with a really bad reverb. So we will solve all those problems that >> [Pause] >> Okay -- we will go ahead and get started. Hello everyone. And welcome to the course -- health and disasters -- understanding the international context, which is part of the MLA [NULL] specialization .

Today will have John Scott and to -- Trisha the inner presenting. And both John and Patricia had been -- they bring several years of Experian's enter here today with -- to share with all of you some of their experiences that the let's go ahead and get darterd but I will go ahead and turn it over.

-- Go ahead and get started.

[Pause]

Deborah -- did you say you are going to be ahead and turn it over to me -- I did not get the last part of your sentence.

Yes -- we are already.

Thank you very much. Good afternoon all.

I am John Scott -- just a very brief minute to give you an introduction to my background and get some context. And then turn it over to it will do the same for self. I started the Center for public service communication in 1990. Visibly to focus on natural hazards risk reduction back before there was much of a career in the area. So it was kind of a niche thing and it kind of took off and

now it is an industry. I background -- a lot of the things that you have been talking about now come from both paths and my background. There is lots of an academic education then related to our experience. We reference the Southeast Asia tsunami. We reference Somalia. We reference Haiti. I worked in all of those. And my principal focus has been probably on information for disaster -- [Interference on phone line] The

This meeting is now being recorded.

Disaster risk recorded -- information. And also with a focus on health but I will turn it over to that ranch to -- introduction to

Good afternoon everybody. And I'm really glad to see so many participants in the session today.

I will be brief because I think I am kind of an anomaly in the fact that I spent my professional career in a one organization. And I think it does not happen too much nowadays talk but I have been with the Pan American health organization for 25 years. [Indiscernible] is the regional office for the Americas of the world for -- health organization. And as the world oldest health organization has many different -- organizations I am with the emergency preparedness and disaster relief department for many years. In a variety of functions.

But long enough to witness many many many changes in the disaster field, as John said from a purely response mode to more of a consideration of mitigation and risk reduction. And to improve repaired this. So what we would like to do today, is more than give a course on public health and disasters. We would just like to share some of those information sources that are out there at the international level that will mesh very nicely with what you all are working on.

Okay. So we will start with just a little bit of background with what you can expect. The first course -- were this course which first delivered [Indiscernible] I went to Springville Illinois a couple of months ago. And we have adapted from that experience to this he learning format.

-- E-learning.

Today we will look at an international to wait of you -- including what constitutes a disaster can very.

We can also look at some of the most common problems that arise in disaster situations, with a focus on developing countries. Although US information specialists will probably recognize many of these.

And finally we will export who is who at the international level with the field of disaster risk reduction and response, or probably I should say the field of disaster risk reduction and response. What you will see by the end of the session -- if you have not already experienced it, is what some may consider an esoteric field of disaster management -- in fact is a very broad field but

On day two we will dedicate our time focusing on how you can apply or use this information to meet your needs, and the needs of your constituents.

Said it was said before, we have so many people online but we would encourage you to use the chat function if you have questions for us. And we also refer you to the Google site -- which we have not -- if you have not seen before in the slide shows you just one quick screen capture just so we you can recognize it.

Pat and I have worked pretty hard on this rule site -- MOODLE site -- and I think you will see when you go to it -- this one hour and a half or two hour nap course online will be one thing. But the E-learning site -- but it will be long-lasting and particularly useful for you.

Right -- so objectives -- and these are the objectives that Pat and I have for the course -- is to give you an increased understanding of risk reduction, which I -- essentially is identifying, reducing and redid -- assessing the risk of disaster and disaster risk management which includes a focus on humanitarian response to disasters.

Many of you are familiar with what is frequently considered as the cycle of re-disaster, host disaster cycle that is preparedness negation prevention response reconstruction. We are using broader terms for disaster risk reduction and disaster risk and its net.

So the next thing is to kind of make a little bit of a point about the issues that the terminology of the international disaster -- it is rather a US centric term. And there are very few but some international disasters -- not to belabor the point, but to be clear that most disasters our national disasters. So we're talking -- when we refer to shorthand international -- we meet outside the US which will be our principal focus.

We will reference some of the expensive the US has a perspective on how the US approaches international or other national disasters that that are principal focus will be on -- outside the US.

That and I believe that also that you may have a larger and more varied constituencies that you might think. We have looked at the material that you sent defining who you are and where you came from -- we are curious to hear what you think tomorrow afternoon after we have had the [Indiscernible] -- and we -- that I want to give your perspective about how we or the international community got to where we are now.

We give you a little bit of a caveat that I did in the introduction. Most of this is experiential and not academic. So many of the things that we were for two are recollection of how things progressed over time but in based on our experience, we will go large, broad and then we will come down to a small focus -- for example highlighting Haiti later on in the program.

Okay now we made some assumptions about you -- again we did see the material they sent in -- you said to material representing where you are from but we are assuming that you are a librarian or you are librarians or information national -- that you are part of any number of institutions --

academic health centers -- private or not-for-profit hospital, medical facilities and medical help state to permit -- nongovernmental associations or whatever -- and that your constituents may be administrator's, professionals or the public.

During the next few minutes or so come a we would like you to jot down in the chat function -- or got down to yourself -- who your constituents are. And what the information needs might be. With respect to quote international disasters. NTT someplace handy at the end of day two tomorrow -- we are going to have an assignment tonight and at the end of day two tomorrow to come back and talk about some of these if we have the time but we will go over your list.

Remember constituents and their information needs. >>

Okay. So let's begin with an activity here. And as John mentioned we will try to use the chat function because there are so many people on.

So if you take a moment and think about what you consider the most common type of a disaster to be.

Let's take about -- 30 or 40 seconds and use the chat function. And see what you come up with.

It would take a look at some of those.

[Pause]

For example if you think civil unrest .

Okay. Interesting.

So some people talk about natural disasters can cover a wide variety of hazards -- flooding, weather-related -- right? But hurricanes, floods and earthquakes.

And there is more than one answer. And that is -- so people are generally not sure in agreement okay.

Reason I ask you this was because there are some reasons why people may differ in their answers.

And most people -- and this is good to see -- they did not equate the most common type of disaster necessarily with the one that claims the most attention in the media or that we think about as the most [Indiscernible - background noise] Of images which would be a devastating earthquake or a major balk at corruption.

But what is interesting here -- and I can see your names but I do not have the sheet next to me about where you are physically located here in the US. But I think the variety of answers also reflects the hazards that you are familiar with and the risks that you feel that you -- your area bases.

In other words the inherent vulnerability of the community that you live in. That's why there is no one correct answer. Because every disaster is actually a disaster -- national disaster. So you are going to consider the most interesting disaster the way will be facing.

But in the end, we even have the experts don't agree. FEMA for levels of the most common type of disaster -- and they are a federal agency -- federal emergency agency -- it is the most commonly occurring disaster are floods. The Red Cross says -- that they are -- and I'm wondering if anybody knows -- hired

-- Fires.

Wildfires -- and I think some people -- I would guess that you're out West.

But FEMA does -- I mean I'm sorry -- the Red Cross to say that buyers -- and I think they are more thinking about generically household fires.

It is an interesting concept, but it was interesting to see what you all put their also.

So another question -- and we won't particularly do a chat session with it -- but there is a difference generally -- at the international level between what we consider a disaster and emergency.

I am sure that much of this will be true here in the US also. We are focusing sometimes on concepts that occur -- are widely held in the international community but

So for the purpose of this course, we wanted to look a little bit of what the difference was in the disaster and emergency. They all begin with an event.

Weather -- some participating events that will generally need to certain repercussions such as the ones that you have been here. Or any combination of these three repercussions.

Most of these repercussions are common to both disasters and emergencies. And they all will lead to a response in one way or the other.

So kind of back to the question -- before we put the slide -- do you think -- and you can think this to yourself. What would you think the difference between event -- what would you think of the difference between -- between an event that is classified as a disaster and an event that is classified as an emergency?

And early internationally, the difference is the ability to respond. In other words, at the local level, if there are sufficient resources to manage the disaster, without further crisis -- without having to look to the international community, it is generally considered an emergency.

But when an event exceeds the capacity of a community to deal with the rapid a -- repercussions, it usually to be -- he comes a disaster when outside resources are required.

And this will also depend upon the location of the emergency or disaster. For example, if there is a train realm it that injures 15 people, a very small country -- in a Caribbean island for sample -- and these 15 people have to be transported to the nearest health facility and there is only for beds in the emergency room, then they are definitely overwhelmed and have to require outside assistance. But that same event in a large city or a metropolitan area -- whether it is here in the US or in many countries -- for example in Latin America, would not necessarily be a disaster, it would be an emergency.

So having said that, we kinda begin to realize the importance of the defining term. And this particular publication produced by the UN office on disaster risk reduction is in the MOODLE site under general information. And it does say to take a look at the finding of terminology but how we look at a hazard in an event and what we can do about them of anything.

The UN office on disaster risk -- as its name applies has a particular focus on risk reduction.

If that is a word that is quite in vogue -- I don't know in the US how many people are actually working in a field or are the familiar with it. I think we tend to do a lot more with preparedness and of course response.

But you will find this dictionary -- in this glossary, rather -- the terms that -- as land use training or residual risk or singable development -- terms that kind of have a reflection of the kind of work that they do in this field.

This glossary of humanitarian terms was compiled by a group called relief Web which we will talk about a little bit later. And they contain some of the same terms. But they have many many others that focus much more on the humanitarian aspect of the emergency. Rings like amnesty or civil society or participatory approach. Things that you won't find in more technical publications were the one from ISP are but

So there is some overlap between these and other glossaries that are out there but this is generally due to the focus on the organization that is producing them.

So if you find yourself needing to find some terms for some reason or another, you may want to consult with other resources. And in the MOODLE us room, there is -- classroom -- there is a list of these with some other general publications.

We just took a quick look at some of the most common definitions. The ones that are in blue are from the UN office of risk reduction. From their -- the lottery -- the first one and you can see from the -- for the most part they are generally the same as the ones you find in the humanitarian ones.

What does differ is -- and I just put this up here so you can see -- the blue definition -- new definition of risk comes from the office of risk education. And the one from black comes from the humanitarian organization and they have felt the need to define this in terms of the type of crises that they would be dealing with the large population displacement, routes and other types of crises but where ISP are -- ISD art -- the office of disaster risk reduction looks more natural hazards.

So these again are all in the MOODLE site and I will turn this over then to John .

Thank you.

So let's look at these categories of disasters. These are broad categories -- -- not necessarily if you look at natural hazards -- I think we probably don't have to spend too much time on those but those are pretty self-explanatory but earthquakes earthquakes -- blood, wildfire -- wildfires -- etc.

The next is the man-made disasters which also include technological hazards such as agrochemical spilled, power outages or acts of terrorism. In addition to those that are mentioned on the slide.

And in complex emergencies -- most of which happen outside the US. And examples are Somalia, the former Yugoslavia but to lump you specifically as it relates to conflict areas in the territory it.

In addition to the items on the slide, it is important to recognize that international context of humanitarian has a term often -- that often refers to these compass emergencies or humanitarian emergencies, where is the generic use of the term humanitarian refers more broadly to the effort of individuals involved, specifically humanitarians assistance.

And compass emergencies are situations where environmental, social, economical and [Indiscernible] challenges such as the breakdown of state structures, legitimacy of the authorities and the use of human needs overlaps each compounding the other -- hence the name complex emergencies.

So you may have a certification compounded by clinical strike -- compounded by starvation. And overtime, a complex emergency arises.

Moving on. So this is an overlay sophistic history or tipping point" disaster management. Never been happy with the term disaster management because you really don't manage disasters. But it is the shorthand that I think many of us are comfortable to come to use.

In the old days, and I say circa 1970 and before. The civil defense as you probably recognize the term -- and nuclear preparedness -- Cold War era issues. During the 70s is when we saw the expansion to all hazards approach. There was -- on the all hazards -- even though theoretically I included all earthquakes and hurricanes -- really got the principal focus.

1984 was the [Indiscernible] chemical accident in India -- brought attention to man-made disasters but again not that that has gone before, this was really see changes in the way that we started -- we -- the US and the international community started looking at what we needed to pay attention to.

1986 was the Chernobyl nuclear accident in Ukraine and followed a while later in about 1979 -- the 3 mile Island which brought the issue of nuclear threat back in terms of nuclear accidents but

To change the dynamic of how attention and funds in politics were focused on disasters.

The decade 1990 to 2000 -- was a proclaimed a US decade on international -- the excuse me -- on natural disaster reduction.

And this was started through the US effort of national Academy of sciences effort. And in 2000, this idea and the art decade -- faces stained IDR -- the international strategy for disaster reduction. We will talk about that.

Ater.

1990 was interesting but it really was a -- it was focused event walk and that was the AT&T long-distance network rash. But it was so significant that it precipitated businesses paying more attention -- and the private sector started to get involved in disasters in a big way. When they saw what the potential was after the crash of AT&T.

In 1991, we saw the breakup of the Soviet Union which resulted in a short-lived peace dividend broadly -- in many different areas. It reduced the nuclear trend -- -- threat -- so there is more of an opportunity to focus attention and money on national hazards for do -- preparedness risk reduction.

1992 was significant with the -- with what was called the real conference -- it was the first United Nations conference on the environment and development. And it was this conference that he must sustainable element and ultimately climate change. Which has changed the -- dynamic of the field of disasters.

In 1993 -- we were for it to a previous slide on the compass emergencies. Somalia was one of the first compass emergencies. And from information management terms it was really the first time that all of the UN agencies -- all of the printable international agents -- all of the principal nongovernmental urge -- agencies, and the funders were together in a fishbowl of [Indiscernible] and the surrounding towns but having to deal with what one or the other were doing but how they were raising money, spending money, what the needs were.

And it was not pre-Internet, but it was pre-ambiguous Internet I went to times to Somalia -- once for AIG, and once for the UN. Will try to rationalize the information sharing. And end it was quite a

challenge. And it was really the first time that there was such a big challenge that shows that information collecting -- collection and management was going to be a key.

In 2001 of course we had September 11. And that redirected and heightened earlier interest in national security with terrorism taken the lead but certainly not any to the US. Most foreign work -- or countries -- or regions have this challenge for a lot longer than we have.

And then 2005 -- [Indiscernible] -- the bird flu -- influenza -- in addition to that there was some wind blew followed by a 20 and one.

And the deeper here of the broader endemic flu. Each of these adds one to the other. And compensates the requirements for funding, for policy, for legislation. For response and preparedness. Because each has a new one. Each when it comes along takes the wind out of the sails of many of the efforts that have gone before. And until such time that there is rationalization that there are new things in the picking order, it is a very dynamic field -- is really in summary.

So there are other types of health emergencies. And this is one of them.

A photograph -- you will see on the side -- these are -- public health emergencies -- international -- these are emergencies where immediate global action is needed. And required to provide the public -- information.

These diseases include Colorado, yellow fever and the plague. Smallpox -- or folio and severe acute rectory center of the syndrome. And new influenza and other emergencies that may include biological, and a call and radiological or nuclear event.

These are -- this is a relatively new term of art but and certainly a broad and important focus for us in the coming years.

There is information in the MOODLE site public health emergency center of international concern.

So wanted to turn our attention a little bit to some of the problems that are commonly seen in disaster situations.

We don't want this to be a course -- as I said on public health and emergencies but but we do want to point out a little bit about issues that may occur in other parts of the world. And are not necessarily that common in the US. Or at least the degree of impact is not the same.

Will be the most pressing rubble of after major natural disasters and other parts of the world is water supply and sanitation.

Unfortunately it is also one of the least visible problems. This because the constant challenge to make sure that in non-disaster times these systems are maintained properly.

The systems themselves are often airy extensive. And more often than not they are in a state of disrepair. And parts of the world where they are at risk constantly -- this does a particular problem of vulnerability.

But we know that when when an water system fails and the quality of drinking water is affected, and where there are deficiencies and exposing solid waste, this in itself can create the conditions that are really favorable to the spread of a number of diseases.

And one of the most common of those is easily treatable, fortunately, is diarrhea -- diarrhea these is.

This is a killer of children in directly related to the lack of clean water and consequently to water systems that are damaged by these factors.

Commutable diseases -- a lot of people think -- and we will look at this a little bit more tomorrow. But but in the wake of an major sudden impact disaster, we are going to have massive outbreaks of infections.

Now and certain circumstances, the disaster itself can contribute to your circumstances that create the potential. But the disaster itself with owing to the of a commutable or contagious disease.

Usually what we find out is that these cable these is -- we're talking about things like acute respiratory infections or even meningitis or the like that -- a group most often where there is a lot of people gathered together when a disaster promotes -- evokes large displacement of this and people are housed in crowded of early facilities. That is what makes the conditions right for a lot of spread of diseases.

You have though in the longer term a certain type of disaster -- especially hurricanes and floods but the chance for an increase of getting one of these diseases -- and this not only is because the standing water can increase the number of breeding sites for mosquitoes, but the rains or the flooding itself can wash away any residual press -- pesticides that are left in the area.

So malaria and -- [Indiscernible] can be a concern in the sense.

Mental health is not necessarily as important a problem or as large of a problem -- let me say -- it is an important problem -- it is a large problem because they for the most of the disasters are not of the intensity that will cause it to have these problems.

And it is really common to see reactions such as anxiety or oppression after certain disasters. But we tend to react that these are as normal -- reactions -- for stressful situations.

But we have to think about though I meant to help issues related to the disasters -- not just the individuals in the community which is true -- but also the communitarian workers that are

providing response activities in a disaster effective country. And equally important is the expatriot [Indiscernible] in the country -- for example I remember a -- when major hurricanes occurred in the Caribbean. At least in the East Coast -- we have large populations from Washington to New York -- where there are many Jamaicans -- were just as Aitchison worried because they had no contact with people there. So we have to think a little bit about the mental health of families of survivors but he survivors themselves. And the humanitarian workers that are out there.

Just touching quickly on a couple more -- and I would like to ask you -- the damage to health and for structure is important problem. It is something that we will talk a little bit more about tomorrow. Because I know that there is a lot going on here in the US. And I am sure that we might have experience to share on this.

So this particular image is what is left of the Ministry of health. And John took is actually in Haiti probably within the first week of the disaster.

Unfortunately -- not only does the buildings collapse -- and these are the administrative offices of ministrator health -- but about 250 employees of the administrative health were killed in the disaster. And many of these were people that the Pan-American health organization had worked with for years -- building up his cadre of disaster management in the country. So it was a term and is lost when infrastructure failed but especially when a health and for structure fails but of course we often see in hospitals, which means it is really an excuse will talking about critical facilities that this is one that has to be but even if we look as far back as the 1985 earthquake in Mexico. 13 hospitals -- 13 hospitals in the city alone collapsed. And 886 people died in the facilities. And hundred of those were the help work -- health workers but

So for a city to lose the capacity of 600 -- 6000 rather than -- in a matter of minutes was a devastating blow.

And to add to the slide on the tipping point, it was really one of the tipping points that got the Internet -- international community working on the issue of mitigating the impact. Not just accepting that the disaster will occur -- occur in improving the response to that but actually mitigating the damage. Or reducing risk. And in Latin America and the Caribbean -- they built a lot on work that had been going on in California over the years. The improvement of seismic loading something like that.

So we will come back to many of these issues tomorrow.

And common problems -- due to nutrition. The food shortages can occur either because crops in the disaster area or -- artist or -- are destroyed. Or actually the dissertation system that carry food to the needed areas can be destroyed so people don't have access to them but

While it is common in compass emergencies or in long protracted draft situations -- for people to be completely dependent on outside sources of food, a most natural disasters this is not the case.

Because the disaster itself does not affect the entire country -- in effect a localized area. And there are sources of food locally.

So I the final problem that I wanted to cite here that we have the most commonly -- is in cases of operation displacement where there are large movements of people and they a move to urban areas, areas in which the public services themselves cannot cope. And this can exasperate problems but health problems.

For example in Haiti, following the earthquake, their 1.3 million people living in temporary shelters. In the month following the impact. So this contributed to the spread of mutable diseases that we talked about earlier.

Equally as important were 600,000 people who moved from Port-au-Prince to either a countryside or across the border into the mini can republic. And we saw a massive efforts to provide healthcare to those refugees that were fleeing.

So if we take a moment actually. To use the chat session, and maybe let's give a minute. These as I said were six common alms -- and their of course our many more. But there are six common ones that were important to recognize that while they might not happen that much in the US , you may not have these obvious the major population displacement -- although after Hurricane Katrina you did.

We surly have had damaged infrastructures -- we been up the water supply and sanitation issues. But what are some of the other common problems that you have witnessed in disasters but take a minute and maybe you can put some of these in the chat session if you would but >>[Pause] >> You can communicate with each other -- I was wondering -- loss of power and water.

Very good that somebody put in here about taking care of the disabled and special groups and then something that we talk about.

Taking care of pets good. That is something that somebody mentioned. Gas shortages. Interesting. I think I understood correctly from Siobhan and Deborah that these chat sessions would be able to the archived. So these will be very -- she did say that is correct.

These are very helpful to us also. To understand and incorporate your feedback into these slides but thank you but this is interesting.

So a disruption to schools and workplaces. Is very interesting.

About the expansion of the evacuation after hurricane Hugo. >> Very important -- the separation from the [Indiscernible] we talked about that a lot in the mental health. Thank you for sharing those things but it is interesting but what I wanted to tell you, is the capture of the MOODLE site. We must have probably 12 or 14 different specialized topics here. And I only could grab just a certain amount. But there is mental health water, older persons in disasters, state hospitals. The

outbreak of cholera -- but there are a lot more special topics. So we hope that these will serve as references for you. As I proceed through this portion.

In your work in the coming days.

So as I said -- [Indiscernible - low volume] And just to kind of wrap this part of been -- I thought it was a good summary of the impact it disasters have on health.

You can see the effects whether it is death or cable diseases or damage to health facilities, etc. etc. And you can see the type of natural hazards across the top.

So we can see whether earthquakes cause many desks -- death -- but a few -- but floods do reduce serious food shortages where -- where in earthquakes which are localized generally will not eat food shortages.

So it is interesting to see. What we have not talked about much as the impacted I'm a change and how it impacts health. And I guess actually there's been some discussion on essentially disasters -- or not -- but regardless at the international level, it is considered a disaster in the making. And there is a lot going on in the study climate change and the impact of health.

So we have included a number resources in this in the MOODLE virtual classroom. Particularly the world health organization reference on health impact of crime -- crime a change. And how it also contributed to drought or under cultural Ross is. Intern to food security and conflicts. This might be interesting to take a look at.

As it goes through the MOODLE site and I will turn it over to John .

Just before moving on to the next slide, so I want to highlight going back on the chat -- low lot had mentioned an interesting addition to -- low lot -- Lola -- and that is a difference between the 90s and now but certainly we have the potential of that kind of crash happening again.

Now we have a more pervasive potential from hacking and security that he come issues particularly as I communication systems and as the international community starts to rely more and more on social media. And mobile communication's.

Now we are going to switch gears and again a little background on the approach that Pat and I have taken. We are kind of doing two things here. We are trying to provide a primer on what is going on with respect to the international community in disasters outside the US. And also focusing on the information aspects of this. And that's why the MOODLE site is more born for you to reference because in each case we had developed links in all the thoughts like that we are showing to the information. As you -- I think if you are learning from us or you are recognizing that the field is broad and that there are many sites that you that provide information that can support your study or your learning site. Site that you would not or -- ordinarily think of as some of these for example our site that UN agencies.

In a minute I will go through a couple of these. We decided in the interest of time that we would not have these hotlinks and knockoff into these sites themselves so we have a few screen captures on these. But as I said they are available to you on the MOODLE site .

So with respect to the UN, even though we have -- the health focus, we have started with the debut each oh and these are not listed in any list of importance. But I will jump around a little and actually start with the UNDP -- United Nations development program. It is really the most ubiquitous of UN agencies. In many countries there are world meter logical organizations -- I will get to that in a minute. In many cases there are units that are grams or debut as the programs -- etc. etc. But in many cases particularly in smaller countries, there aren't. So helping the UNDP -- the represent -- resident Representative. of the United Nations development program represents the UN system in these countries.

And should disasters happen or with prevention preparedness, they frequently are the first resource and they're the ones that then support the increased participation of the other UN agencies.

With respective disasters, [Indiscernible] which is the office -- [Indiscernible - background noise] Of court nation of humanitarian affairs coordinates other -- agencies on my notes -- I have quotes around coordinate. It is really [Indiscernible]

They have a wart nation function and a facilitation function. But they don't have the mandate. And the mandate -- mandate to make final decisions. The various other agencies or other organizations who have resolved ability in the field of Ocho attempts to coordinate them so there is information sharing.

UNDP for example would be more involved in risk reduction in the development aspects of disaster but Ocho is more of a coordinating function focusing on response. Air not exquisitely it is not response oriented.

With response to help probably -- the UA Joe of world health organizations through many of its divisions and departments is responsible for health are grams.

So there is a little bit of a challenge because as Mentioned -- nubile diseases within the UA Joe their are many divisions that focus on a daily basis on a number of health conditions. And development issues relevant -- relative to health.

When it comes to crises though, there is the more specific disaster coordinating mechanism divided into the various regions of the UA Joe or of the United Nations.

So moving on to show you just need the UA Joe site, I hope that you can see this clearly enough. I have not gone to their homepage, but in fact gone to their global health action and crisis which is one of their divisions. And look at that list of regional offices.

So if you're interested in doing research or any of your constituents are interested in activities , whether you have programs in any of the countries in the world that may be affected by disaster events, you may wish to look at the regional offices for each of those -- that would represent each of those countries. And through those offices, you can look at what current emergencies are, particularly through the focus of health.

And then looking at in addition to this, that mentioned definitions earlier on -- to the right of the screen you can look at the look on definitions. You can click on featured emergencies.

Etc. Etc.

It is a rich site.

Drilling more specifically making some sort of a suction that because we are in the US and we are part of the Americas that many of you may have relations or interests or your constituents might have interests in the region -- the regional arm as Pat tension of the regional health organization is an American health organization -- is a quarter to Washington DC.

And their site is very rich -- far too rich to highlight -- or two capture in this one screensaver. But I would highway to the oral, the knowledge Center that is focused in this article there that is relatively new. And it will get you a site where you can access any number of things. It is only currently available in Spanish. But that is the next generation but it will soon become available in English. Hopefully just within a month. So keep that in mind.

Than that major emergencies on the left -- the drop-down menu on the left but you can look at what is going on currently. You can look to the right. And you can click on a legislation -- top oh has been very active -- not just also -- but specifically the disaster preparedness response group. But Paco -- PAHO has been very instead of working in the region to develop and promote legislation, particularly on health. That relates to disasters as well. In them at the adjusting for some of you.

And in the regional contact would be another going back over to the left. Another place where you can look. In the current events -- look at the current events and drop-down one more level of the PAHO website -- we see it listed here as tropical storm -- which probably meant that this was posted before or after it became a hurricane, which it was at one time.

Now -- going back to that broader list of UN agencies and referencing UNDP. UNDP again is the development program -- so much of the work that UNDP would be developing is develop orienting -- but certainly in risk reduction almost every aspect of element have a disaster risk reduction component to it. Whether it is economical element. Whether it is development for education or health. Political development, agriculture -- all of them have reason to focus on risk reduction.

If you look at the top of the page, you have here the general breakdown -- I had clicked on crisis prevention covering but but you have Democratic Reverend. , poverty reduction and environment and energy -- etc. but all of those would likely have a disaster component help -- health emergency component also.

Also -- looking at other natural -- international partners. We have a group -- and this is only a representative sample here -- a group referred to as international organizations.

They are in fact on government -- the governmental organization but we will make that distinction later. The international organizations are the large crucible organizations that have multiple chapters or culpable affiliations around the world.

One of the more well known being the IFR see -- the international Federation of Red Cross and red lesson societies. And its sister organizations -- the international committee for the Red Cross -- IFR see is more interested in the broad disaster rich reduction and response particularly for natural hazards. ICRC is more interested in humanitarian and political sites of emergencies -- looking at health conditions in prisons, looking at health conditions in conflict areas.

The IOM is the international organization for migration -- as Pat mentioned, displacement is a big issue in the sometimes a natural hazards certainly the term -- internally is placed person is the term given to the persons who are displaced that stay within their country, as opposed to refugees who are displaced and cross-border.

So you have the international or nation for migration, which concerns itself with ideas or with the issues of migration. And has a health focus as well. And works for example in refugee camps. Of displaced persons.

MSF -- the doctors without Borders -- medicine on frontier is another international organization. That is very active in health and has a reputation that is -- like ICRC -- extremely important to them providing health regardless of what side of the conflict, for example and injured individual might see -- might be on.

Handicap international focuses -- as their name suggests, on handicapping issues relative to disasters but in Haiti they were very active looking at the dramatic injuries and looking at prosthetic devices, etc. but again these are only a few. But I would encourage you to look at them in detail on the MOODLE site .

Looking next -- the next column -- we have links to them on the MOODLE site -- it does not just that here on this slide. And these are the principal organizations that are the national institutions - - office of foreign disaster assistance is part of the agency for international development but

These national agencies provide funding and guidance. Guidance is -- and the four direction at times. But guidance is what you get when you look at -- you overlay the politics of these countries off to the the -- the Kennedy -- Canada and Swedish the do -- the European union echo -- in Japan

and others. All of these are frequently referred to as donor governments. And the donations that come in whether they are technical support or financial, are dependent upon the court nation between their organizations and the governments of the affected country.

Is important with all of these -- with the UN and the governments -- the donor government, to understand the concept of sovereignty.

Just like we in the United States have -- if there is a disaster declared by a governor of a state, the governor asked FEMA to come in and support. FEMA does not just show up because there was a flood. Similarly on the international scene, all of the principal entities are negotiating with the host government or the government of the affected country to determine appropriate level of activity.

So you have a UN agencies, the NGOs -- the special role -- see that -- Japan international cooperation -- agencies -- European commission in humanitarian aid and the civil protection Director. which is at go . And it disaster repair disk program. These are some of the provable ones that certainly some of the principal ones in our region of the Americas and the Caribbean.

And then a separate had a gory -- the World Bank and regional development Inc. -- are both funders -- they tend to be long-range funders for development kind of issues -- not surprisingly. And they will work with the UN and other principal international organizations and governments and regional governments. To identify long-term strategies for risk reduction and resiliency mitigation programs. And then they will work to put the money in place that can be borrowed by the countries to then go about with the development efforts.

For us it is the international -- Inter-American development Bank which is our regional bank. But there are regional development banks throughout the world.

And last but not least -- at least on this slide our foundations -- large foundations -- Bill and Melinda Gates foundation for example is one of the Lenten foundation -- is another particularly as relates to Haiti.

That work for your Lee on a daily basis -- not just after disasters, before. So that when events happen, they are positioned to put out the word and craft the proposal for funding for development and relief activities.

I should say something about that -- again with respect to the sovereignty issue and the involvement of the various agencies -- is using Haiti as an example. After Haiti, which as you all know it's extremely devastating, the international community got together with the government of Haiti -- or what was left of the government of Haiti -- to work to develop strategies for funding.

Or were millions, if not billions of dollars that were talked about and submitted to Haiti. At these were dollar amounts that needed focused programs to be useful.

So there was a clamoring because everybody wants to commit funds quickly. All of the donor countries want to be seen, to be supportive of a country after an event.

At the idea of committing funds with no defined program, is not a good one. And in recent years, the international community's it together and try to streamline that assess. We will talk about that a little bit later.

I just have a quick screenshot here of international durations of Red Cross -- the US -- the American Red Cross is one of the national programs that is within the international Federation. They operate independently as the American Red Cross, but they also are an affiliate member of the IFR see.

On the IFR see site -- IFRC but

On the left you see the develop work that they do in a variety of areas -- not just health, but including health.

And then the obligation of the report but they have some of the better reports and -- more look forward to report each year. The annual reports of world disaster reports, etc. but

And of course they have the latest appeals.

Relief Web -- relief Web is -- if you haven't seen relief Web or don't know about it, I would suggest you go. It is probably one of the more widely used sites within the humanitarian disaster community. Near and dear to my heart -- I was the first project manager for relief Web and actually developed the concept of relief Web for the predecessor of the CHA was -- which was the department of humanitarian affairs.

It does not look anything like what we conceived of it back then. Which was in early days of the Internet.

Now it is very robust -- it has maps that you can focus on disasters or regions. You can focus on who is doing what. In each of those regions or with respective any of those disasters.

And it even has a site for jobs and training.

Interactions -- of maybe -- of all the sites that are looking at, I would suggest that relief Web and international -- interaction might be two of the more report and. Interaction is the US -- essentially association or organization affiliation of institutions who are involved in disaster humanitarian work.

And it is a very long list of numbers -- you would recognize many of them. I just did a screen capture here to drill down to their work in Haiti. But just -- if you were to go onto that page and scroll down, you see all of the US entities that are interaction members. And most of the principal

ones in smaller was are but you will see a list -- a listing of them with contact information but you can find out what they are doing -- in this case what they are doing in Haiti. If you use the broader examples here or there homepage, you can look at crisis response. If you look at masking. You can look at advocacy. Etc. but

And so in terms of what institution's are doing that may have an association with your constituents and your community, interaction would probably be a good group.

That is focus of interaction is US institutions and organizations working in other countries.

Again hopping down one more step to interaction -- you see articles -- again the screen capture would be too small to capture everything -- there are lists of blogs. There are lists of organizations involved talk etc. -- related to Haiti. And this is not just for Haiti but it is for other information or other disasters and events.

Okay -- we won't go into much detail -- but just to show you -- what happened. And this is again -- kind of my recollection is it happened really in a big way in Haiti. It certainly was percolating before Haiti. And I would make an argument that any communications technology including basic e-mails is in fact social media depending on how it is used but

So we are just at -- anytime you step into the stream you get a different kind of social media been a what is current and the technology available and its use.

But Haiti was certainly big coming out party for agencies using social media but

I will note -- and this is one of the things that Pat and I are concerned with going into the future -- is that social media right now is principally used by international organizations and NGOs. And with that principally is the one that are well-funded -- or have high competency in use of technology and new information tools.

Is being funded -- not only by those institutions, but by their funders who are frequently foundations and organizations who are looking to fund military and disaster efforts.

Was kind of left out of this mix is actually the post government -- the ministries -- for example -- the ministry itself -- ministry of health -- with many industries in the Americas do not have the resources and have not been funded to the extent that UN agencies international organizations have invited. So they are not equipped with the resources and the capacity to meet halfway those organizations that show up in the field after a disaster with these technologies. So this is a gap that needs to be met in the future. But that is just a soapbox of mine.

Okay -- resources for general information but these are self inflammatory, and we would encourage you to look at the sites -- they are on the MOODLE . Nothing particularly new here except we will call your attention -- this is the first time or one of the first once we have mentioned the resources of CC.

CDC is one of the principal US organizations. [Indiscernible] does not have the funding to have a large cadre of professionals though they have regional offices for example in the Americas. They link to and look or support to institutions within the US. The principal institutions that off to fund for disasters to her. To -- or example -- focus FEMA -- to redeem a and the tsunami and Japan and would beat Los Angeles and Fairfax Virginia fire and rescue Department.

They also relate to the DC and to the national disaster medical system -- the CDC and the natural - medical system are the department of human health and the services -- within the US government. And more information be found at their website but

I have a comment.

And Lola says at least at the end of the year --

[Indiscernible - low volume]

[Indiscernible] at MLA years ago talked about the media -- it was really interesting -- yes there are a couple -- and I'm not sure that we highlighted them -- it occurs to me now that we should go back and look. If we have not come up we will update the MOODLE site. There are a couple of good studies within the past few years that have come out. Some of them specifically focused on social media for disasters and emergencies. That would be good for us to share.

Okay -- now let's kind of zoom in we talked large and probably up to this point about different organizations and different disasters kind of generically. Now we are going to focus in a little bit more.

And we talked about tipping points early on. But in this particular case, we're going to look at a specific turning point. And that was the 2004 Southeast Asia tsunami but it was a tipping point in many respects -- it was one of the largest disasters -- certainly the largest in 40 years. So that in and of itself -- things had to be looked at are currently. In that light.

14 countries were affected -- making it 14 national disasters -- but it was international because of the entirety of the region that was affected. >> 223,000 people dead or missing or assumed dead that all of that does not mention the environmental losses associated with a tsunami.

And then the tipping point though, in response, had to be dealt with. Because there was a breath of the region that was affected again -- 14 countries -- the magnitude of the loss, economic, social and human -- the remoteness of many of the affected areas of the country, the economic element status of many of those areas to lack of communication, and the nature of the political conflict in many of those areas -- we talked about complex emergencies. In many of the areas affected by the disasters -- there was guerrilla fighting between tribes and it was a complex situation.

So one of the things that needed unique -- and this was in response to the -- not a response -- but this is act with the tipping point -- is there was established at it tsunami coalition -- TEC -- and this was a coalition that was formed as a way of bringing all the key principle players into the process to improve long-term response and reconstruction and coordinate fund-raising and appropriate needs of tracking and monitoring progress.

To give you an idea of the magnitude of the task, and then to look specifically at the magnitude of the information requirements to coordination -- coordinate the sharing of information -- these under slight here -- for the UN agencies that were involved -- food and agricultural organization -- OSHA -- as we have listed before but

Many research institutions were involved as these were long-term develop and communities that were involved -- the donors were far broader than those -- the short list that I gave you that came from around the world. Many of these donor countries have relationships strong political and social relationships with the countries and the communities involved.

And then just a little bit of the organizations -- the NGOs and the international organizations involved in this coalition. And again the coalition was brought together so that there would not be random attempts to address the issues. But in fact, there would be a court made the order dated - - coordinated activity.

This because of its broad nature and that it was not one disaster, or it was not one country, the lyrical coordination by the put -- affected countries and the governments of the affected country etc., required this tactic that

So there was an indirect agencies during committee that performed the TEC.

What the TEC found was -- and again a lot of this is not surprising. But it was the justification in the impetus for change but the coordination due to the liberation of agencies of all types -- everybody showed up but funding deal by competition that is the nature of all the NGOs and UN agencies that are involved in disasters and humanitarian work. Depend upon funding. And so their relationships with funding sources can be very committed to.

-- Competitive.

So there was a funding public a -- a funding competition that obligated this there was a field representation in as him but many of the places that were affected for coastal communities on small villages, that needed attention.

Eight was supplied driven but whoever had whatever they had sent it it was not driven by identification of need but

As well as establish was a one response concept but

And through that a cluster approach was established -- which became a paradigm shift from the way things have been going on before.

For example, this was the -- you want to ensure sufficient local capacity because these -- the cluster approach for major disasters -- predictable leadership, concept of partners, and clusters. And is specifically within those -- that cluster concept, one of the clusters was a health cluster.

And here is a step shot of what the health cluster functions were. Is kinda like herding cats -- strategies and plans within the health cluster, monitoring health trends and activities resource man -- mapping. Response of needs and advocacy and linkages into cluster. And I will show you why that is important.

This was the cluster system in Haiti -- but the course or system within the one response but I know the importance of the similar approaches of all back to -- the health cluster approach applied to all of these sectors.

And look at the -- consider the complications of that there is a health sector but in fact there are other sectors that are related to health which include the include health cluster systems. Food. And etc. but

So even though there was one cluster that represented health, there were other clusters that had very important relationships. Answer that cross cluster information sharing was very important.

Drilling down a little bit further to the health cluster in Haiti, and it made it extremely complex, there were 400+ -- more than 400 nongovernmental organizations, international organizations, UN organizations and local NGOs that were assigned on -- signed on to becoming involved in the health cluster but

So you have 400 us -- at least one -- each one had at least one representative in the field -- and certainly they had more than that and all of them had to coordinate within some clusters -- and these are the some clusters that were in Haiti.

So you had almost total evocation of an infrastructure of a country, which included communication. And you had a requirement that all of that fishbowl -- 400 less institutions multiple different sections and subsectors had to be sharing information.

The main challenges that were related to information in Haiti were the pressure to divide accurate transparent information. Saying we don't have time to read syndrome -- that is frequent -- it is not new -- I don't have time to read all of this -- just tell me what I need to know and what I need to do -- information gaps.

Often filled by a validated sources. Another issue for social communication -- social media is how you for your -- how you filter social media so that you can verify its accuracy. And that is not just social media -- that is general reporting as well.

Lack of searchable information -- most of the information was not clicked it and immediately available in the database but most of the information was great literature -- it was field reports, situation report but it was information that came in forms that were not searchable and were not captured.

To the main challenges were to -- the pressure to provide accurate and transparent information -- so for information specialists in Haiti and the requirements there -- what was needed is the ability to know what was needed -- in addition to those things that you see on the flight here -- which -- the slide here -- all of them are common sense type things.

A significant challenge was to address the human resources needed in Haiti with fresh speakers -- and health information management professionals and health professionals who spoke French. And certainly further into the issue was if you wanted to reach the public, which of the information needed to be translated or interpreted into real -- real -- creole but

Although most of the disaster events research information was made in English -- it is not only the case. And further competing with this great literature -- which we will talk about again later -- that the importance of great literature and capturing great literature -- is something that national Library of medicine did in collaboration with the Pan American health organization. And the center for the Central American information -- disaster information collection in Costa Rica. Resulted in a very excellent compilation of both gray and regular non-great literature.

Now I will turn it over to Pat for a little bit more specifics on Haiti but

On Haiti and on information and it's meant in general but because I think all of you -- must have experienced many of these same challenges. Put into a different geographical context or a different situation, or pressure system, but many of these same challenges are present in the work you all do as information specialists.

And information in a disaster in any emergency is really one of the most [Indiscernible - low volume] Commodity. It is very difficult to obtain and to disseminate in a way that aids in decision-making.

So after the tsunami in 2004, UH oh -- UH oh -- WHO] made a recent -- they know it wasn't enough to send out epidemiologists and structural engineers -- WHO and to enable disease converts -- they also need to have information specialists who could take all of this data and imagine the challenges in Haiti with 400 and organizations contributing to the health cluster. And transit that into some form of usable information.

But while the cluster situations helped to organize -- organize them the information and improve not only the outer ring of information, because the roster in Haiti for example not only operated in Port-au-Prince -- but it had some sites another or to the country but because that was a early large spread faster.

So not only did help in gathering and disseminating information, but they realized that the system itself for doing this was cumbersome to set up and different organizations wanted the information provided or formatted in specific ways.

So this was an additional challenge. So the turnover in the status -- and the staff -- you can imagine the burnout rate that there was. I mean after four weeks in a humanitarian -- humanitarian agencies were complete Lee rotating their personnel.

So all these were contributed to the challenges. And we just included this slide in the next because we asked to health cluster leaders -- [Indiscernible] who is with WHO's organization in India and was a key member of the response team -- he said what were the challenge -- challenges that you had in the health roster? And this is -- taken right from an e-mail. And he said it was setting up the system. There are so many things that you can do before a disaster, but generally it is not going to meet the needs of what is going on in it.

So even relatively simple ones -- they call it the 3W's -- the who is doing what where -- the electronic form of a piece of paper tacked up to a wall in an office saying -- -- [Indiscernible] is working in one agency and give you a Joe -- travertine is here -- -- travertine.

-- Turned 14 -- Kuwait Joe -- WHO is a core team member in any team that is deployed -- difficulty in sifting through -- imagine those reports that came in -- finding the time to actually read and digest the information.

And preserving that information -- grading a repository are this information not only is a static repository for one of which people could continue to conjure it with -- was a challenge but

This was -- his thoughts during 2005. During the benefit go five years later, to Haiti, after Donovan [Indiscernible] who was the [Indiscernible] cluster lead in Haiti and manage those were hundred health -- whether it was an international organization -- she said -- and this is interesting -- again a little bit different -- she's on the biggest challenge was collecting information to assimilate to the outside world. Donors and agencies -- the media who were constantly there -- you saw [Indiscernible] showing up at the warehouse that was she reading medical supplies therefore sample.

So that collecting and some 80 that kind of information in the closed information that was purely for operational purposes, but was probably more critical.

John mentioned that she -- if she reaffirmed the social media was using Haiti during the first days of emergency but it was very limited. Because the services were spotty.

That she says on the downside, and this is something that we have to -- not necessarily is a reason not to use social media -- but something to keep in mind it she said -- you are never going to stop

people from using it, but it may have contributed to the spread of rumors that may be needed to be verified.

She reported receiving rumors from other remote areas of capital itself in other parts of the country but all of which require a team to be sent out if they were told that there was an outbreak of [Indiscernible] or something like that in a certain area.

So it is a thing to keep in mind. And however, on the flipside of the coin, it has not been needed -- used to its full potential of the operation. Mac but she said there was an in depth study done on this -- when I queried her for that I have not heard back from her.

So if I do get this I will be sure to she her -- we sure to share with you.

So that I'd wrapped up what we were looking at for tape day one -- this review of some of players and some of the information -- many of which we would have loved to go into more depth technological as well as human limitations we were afraid of loading too many screens in this Adobe connect site and having to shift and forth and we were free we might you lose you which is why we did some the screen captures but

But we have repaired a little scenario and exercise and we agreed to have a loss for an hour have each day and a homework assignment in the middle.

And the purpose of this exercise is really just to help you step through some of those information sources -- maybe -- but the one they that stay and the others -- whether they are in interest of you -- they are in the MOODLE site. I am sure there'll some that you may already know and I'm sure there are some -- many that you don't know.

So if we consider -- if you consider a major disaster -- whether -- and we throughout an example here just to kind of get things going -- the earthquake or the outbreak that occurred several months later -- if you thousand 10 -- or the [Indiscernible] the product salts -- -- or you can choose another disaster that has claimed international attention that you may be interested in because you have a particular area of interest but

So thinking back to that list that you wrote down -- that you jotted down of who you think your constituents may be. Who is the public that may come to you and by public people in institutions people in local government institutions or whatever -- if you did think of the information that your constituents may be looking for in those instances, or in another instance as I said -- that interests you -- and if you use your experience from any exercise that you would have had where you can provide this kind of information -- or simply use your imagination -- and considering the role that you and your library would play in providing this information -- we would ask you to look through some of that information and in the MOODLE site and give us some examples of what you found. What sites you used. Why you thought that these would be particularly useful. To provide the information but you can look at preparedness access you can look it response aspect. You can

look at health. You can look at future risk reduction activities. Anything that you feel might be useful but

We are talking about really one page. And as I said the purpose would be to get you to delve into some of those sources that are in the MOODLE site .

There are other sources that are not in that site and you can be as creative as you would like you can look at newspapers and the affected countries and the affected cities just try to find clips on media coverage in the US. You can look at other Facebook or twitter sites -- whatever you would like to do but

The MLA has asked that you take this one page exercise and e-mail it to them tonight preferably. Or by tomorrow morning -- as it says here on the slide in the e-mail subject line -- your last name - - -- INT -- which I don't have a develop this course -- and how they will recognize this course -- and Deborah will share this and we can take a look at some of things and just put out there even [Indiscernible] or we can [Event has exceeded scheduled time. Captioner must proceed to captioner's next scheduled event. Disconnecting at 1:40 MT.] -- --

Something brief in the introduction page.

[Event has exceeded scheduled time. Captioner must proceed to captioner's next scheduled event. Disconnecting at 1:40 MT.]

Thank you and John also answered yes. So [Indiscernible]

And so I don't know if there are any other questions -- I know we have kept you five minutes the once what we had planned on.

If you have any questions John -- and my e-mail -- is unfortunately on the slides on the two.

But perhaps we can type them in their.

-- Day to.

And we understand there may be some who are watching their time and it is seven minutes after we said we would be finished.

But if anybody does have a question and they want to use for now -- the chat, we would be happy to stick around for a few extra minutes and respond to anything.

And you can also a mute your phone by pressing star six if you just want to get in the phone thank you. >> In a homework assignment be e-mailed?

That answered that.

-- Deb answered that.

Okay.

You see the question from Amanda --

Yes.

Amanda -- Amanda asked a question -- if it had to be outside the US, certainly not. That means the purpose of this exercise is really to help you or give you a reason to familiarize yourself with some of the sites that we have put on the MOODLE .

So if you prefer to search some of the sites are relevant to the US. And some of these -- so go ahead and do them but I would encourage you to -- because of the nature of the course, if you think about -- and we will get to this tomorrow -- constituents to include the [Indiscernible] of Haiti, or of Japan or any of your community -- even outside your health facility -- that might be interested in the information that you might get, and you can use that as an example.

[Event has exceeded scheduled time. Captioner must proceed to captioner's next scheduled event. Disconnecting at 1:40 MT.]

But don't hesitate to go domestic if you wish. >>[Pause]

Someone asked -- bill asked what time tomorrow morning to we need the slides?

Anytime -- anytime before 11.

We are not going to grade these. We are just going to kind of skin them quickly to see if we can find some common knowledge yes -- commonalities.

Or any of you are at a point where you don't find information or you are looking for something else -- so we can get a sense of how you are doing and make some comments tomorrow.

But by 11 should be fine.

[Event has exceeded scheduled time. Captioner must proceed to captioner's next scheduled event. Disconnecting at 1:40 MT.]

And the -- a PDF of the slide -- the slides were so heavy because of the photographs and all the files were so large, that we save them as a PDF with notes. With [Indiscernible] notes -- rather -- so you can actually have a preview of the two which is up there on the new site as well as the slides for day one.

But at least if you check that out, you will have the -- URLs for and our e-mail address and the like that.

Anything here on the slides today.

So we will sign off for now. We have enjoyed this -- just looking at our screen. And it would be fun to do this in person with you.

But we look forward to talking to you again tomorrow.

Thank you very much.

[Event concluded]